

496820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

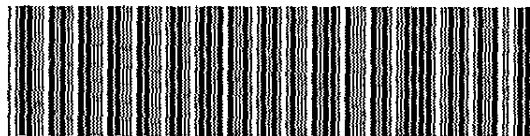
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

DD/RES

(a 7.27.06



400077688454

07/19/06--01027--007 **192.50

FILED
06 JUL 19 11:10:00
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROBERT J. WALD M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: 496820

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO LUCHI M.D.
(Name of Person)

ROBERT J. WALD MD, PA
(Name of Firm/Company)

846 ANCHOR ROAD DR.
(Address)

NAPLES, FL 34103
(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO LUCHI, MD at (239) 262-2058
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ELEN V. KANTER, hereby resign as PRESIDENT
Treasurer, Secretary and Director. (Title)

of ROBERT J. WALD MD PA
(Name of Corporation)

496820 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Elen V. Kanter
(Signature of resigning officer/director)

FILED
06 JUL 19 AM 10:00
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314