

513812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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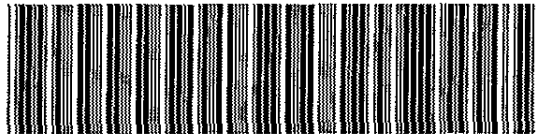
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ROBERT S. OLLER D.O., PA  
(Name of Corporation)

**DOCUMENT NUMBER:** 513812

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

Please return all correspondence concerning this matter to the following:

DR. GARY S. SANON/ PRESIDENT

(Name of Person)

ROBERT S. OLLER D.O. PA

(Name of Firm/Company)

152 NE 167 STREET UNIT 102

(Address)

NORTH MIAMI BEACH, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. GARY S SANON

(Name of Person)

at ( 305 ) 978-5069

(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, PAUL JACOBSEN, D.O., hereby resign as PRESIDENT/DIRECTOR  
(Title)

of ROBERT S OLLER, D.O., P.A  
(Name of Corporation)

513812, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
06 SEP 18 AM 8:46  
SECRETARY OF STATE  
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