

578 236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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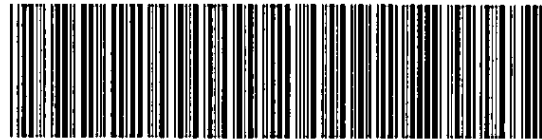
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nephrology Associates of South Miami PA

(Name of Corporation)

DOCUMENT NUMBER: 578236 (FEI/EIN Number 59-1837768)

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

Please return all correspondence concerning this matter to the following:

David M. Trueba

(Name of Person)

Nephrology Associates of South Miami PA

(Name of Firm/Company)

9193 SW 72 Street Suite 200

(Address)

Miami, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

Marielena Soler 786 485-3520

(Name of Person) at (Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

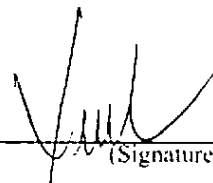
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David M. Trueba MD, hereby resign as Vice President
(Title)

of Nephrology Associates of South Miami PA
(Name of Corporation)

578236 (FEI/EIN Number 59-1837768)
(Document Number, if known), a corporation organized under the laws of the State of
Florida

X 
(Signature of resigning officer/director)

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

FILED
2022 JUN 27 PM 4
TALLAHASSEE, FLORIDA
SECRETARY OF STATE