

578 236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

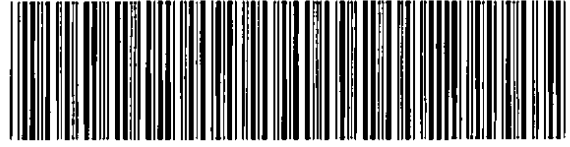
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEPHROLOGY ASSOCIATES OF SOUTH MIAMI PA

(Name of Corporation)

DOCUMENT NUMBER: 578236

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

Please return all correspondence concerning this matter to the following:

MARIELENA SOLER

(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

(Name of Person)

786 485-3520

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, JORGE C. BUSSE MD, hereby resign as PRESIDENT
(Title)

of NEPHROLOGY ASSOCIATES OF SOUTH MIAMI PA EFFECTIVE 11/01/2023
(Name of Corporation)

578236, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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
Tallahassee, Florida 32314

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