

600050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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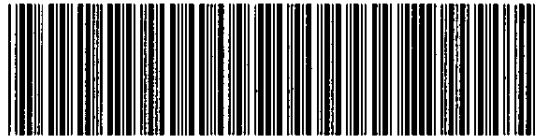
(Business Entity Name)

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TALLAHASSEE, FLORIDA

C. Coulliette

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JAN 19 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BASIL M. YATES, M.D. P.A.
(Name of Corporation)

DOCUMENT NUMBER: 600050

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

Please return all correspondence concerning this matter to the following:

SHELDON BARNES
(Name of Person)

SHELDON BARNES
(Name of Firm/Company)

950 MAYFLOWER AVE.
(Address)

MELBOURNE, FL. 32940-6728
(City/State and Zip Code)

For further information concerning this matter, please call:

SHELDON BARNES at (321) 255-6827
(Name of Person) (Area Code & Daytime Telephone Number)

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

1/12/2010

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, SHELDON BARNES, hereby resign as DIRECTOR
(Title)

of BASIL M. YATES, M.D. P.A.
(Name of Corporation)

600050, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

*I have no knowledge of being a
Director of this Corporation*

Sheldon Barnes
(Signature of resigning officer/director)

1/12/2010

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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