

600449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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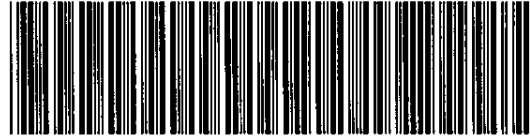
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DRS. ROBERTS & BRYAN, P.A.

(Name of Corporation)

**DOCUMENT NUMBER:** 60049

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

Please return all correspondence concerning this matter to the following:

MATTHEW J. MONAGHAN, ESQ.

(Name of Person)

CANTWELL & GOLDMAN, P.A.

(Name of Firm/Company)

96 WILLARD STREET, SUITE 302

(Address)

COCOA, FL 32922

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO J. SEQUEIRA at ( 321 ) 698-0642

(Name of Person)

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MICHAEL S. SPICER, M.D., hereby resign as DIRECTOR  
(Title)

of DRS. ROBERTS & BRYAN, P.A.  
(Name of Corporation)

600449, 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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