

600814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

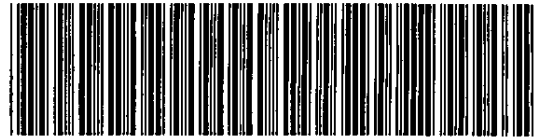
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/11

Office Use Only



800289960178 ✓

10/17/16--01044--012 **10.00

09/19/16--01012--014 **25.00

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
AND BUSINESSES
10/17/2016

16 OCT -6 PM 3:20

RECEIVED

O/D
Resign.

OCT 13 2016
D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2016

MICHAEL J SMITH
401 1ST AVE S
TIERRA VERDE, FL 33715

SUBJECT: TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A.
Ref. Number: 600814

We have received your document for TAMPA BAY ORTHOPAEDIC SPECIALISTS, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 016A00020778

RECEIVED
16 OCT -7 PM 3:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Bay Orthopaedic Specialist, PA
(Name of Corporation)

DOCUMENT NUMBER: 600814

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

Please return all correspondence concerning this matter to the following:

Michael J. Smith
(Name of Person)

(Name of Firm/Company)

401 1st Ave S
(Address)

Tierra Verde, Florida 33715
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael J. Smith at (727) 430-0426
(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

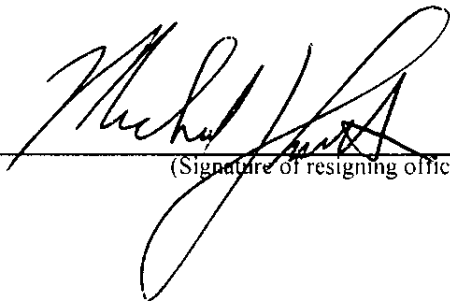
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael J Smith, hereby resign as Director
(Title)

of Tampa Bay Orthopedic Specialists, P.A.
(Name of Corporation)

600 814, 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

RECEIVED
FEB 14 1997
TALLAHASSEE, FLORIDA

16 OCT -6 PM 3:20

FILED

Make checks payable to Florida Department of State and mail to:

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