

601586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

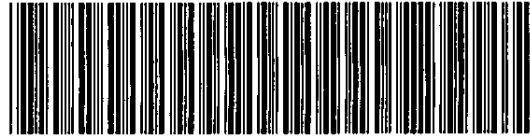
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*Resignation
to officer*

02/24/12--01036--002 **35.00

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2012 FEB 24 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
2/27/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.
(Name of Corporation)

DOCUMENT NUMBER: 601586

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

Please return all correspondence concerning this matter to the following:

EILEEN MINICOZZI
(Name of Person)

SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.
(Name of Firm/Company)

13644 WALSINGHAM RD
(Address)

LARGO, FL 33774
(City/State and Zip Code)

For further information concerning this matter, please call:

EILEEN MINICOZZI at (727) 595-2519
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

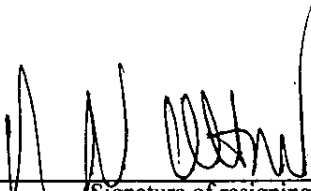
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2012 FEB 24 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Anthony N. Ottaviani, D.O., hereby resign as Director
(Title)

of SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.
(Name of Corporation)

601586, 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