

679398

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
13 JUN 24 AM 11:24

679398

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mario Markelis & Steven Rapp MD's PA dba Center for Internal Medicine & Cardiac Care  
(Name of Corporation)

**DOCUMENT NUMBER:** 679398

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

Please return all correspondence concerning this matter to the following:

**Randi Rapp**

(Name of Person)

Mario Markelis & Steven Rapp MD's PA dba Center for Internal Medicine & Cardiac Care

(Name of Firm/Company)

**2500 E Hallandale Beach Blvd Suite QR**

(Address)

**Hallandale FL 330089**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Randi Rapp**

(Name of Person)

at ( **305** ) **785-4063**

(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

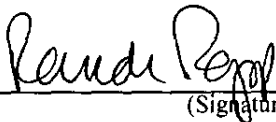
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Randi Rapp, hereby resign as Vice President  
(Title)

of Mario Markelis & Steven Rapp MD's PA dba Center for Internal Medicine & Cardiac Care  
(Name of Corporation)

679398, 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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 24 AM 11:24**