

FO2478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

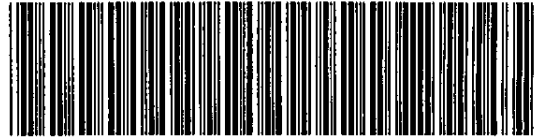
(Business Entity Name)

(Document Number)

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SEC. CLERK OF STATE  
TALLAHASSEE, FLORIDA

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T. LEMIEUX

OCT 20 2016

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ADVANCED ORTHOPEDIC CENTER OF CHARLOTTE COUNTY, P.A.  
(Name of Corporation)

DOCUMENT NUMBER: FO2478

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

Please return all correspondence concerning this matter to the following:

VICTORIA BROWER  
(Name of Person)

ADVANCED ORTHOPEDIC CENTER  
(Name of Firm/Company)

1641 TAMiami TRAIL  
(Address)

PORT CHARLOTTE, FL 33948  
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTORIA BROWER at ( 941 ) 629-5099  
(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

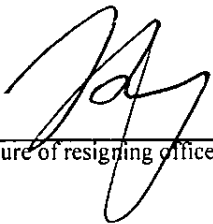
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, KENNETH D. LEVY, hereby resign as PRESIDENT, DIRECTOR  
(Title)

of ADVANCED ORTHOPEDIC CENTER OF CHARLOTTE COUNTY, P.A.  
(Name of Corporation)

F02478, 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**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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