

F05000004607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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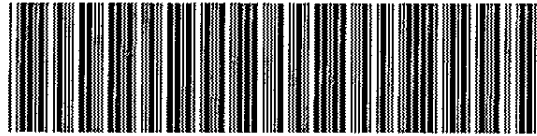
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pulmonary Providers Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** FOS000004607

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

Please return all correspondence concerning this matter to the following:

Yuri Soyferman  
(Name of Person)

Pulmonary Providers Inc.  
(Name of Firm/Company)

3001 S. Ocean Dr. #1101  
(Address)

Hollywood, FL 33019  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yuri Soyferman at 818 458 5953  
(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

RECEIVED  
07 AUG 22 AM 8:00  
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Daniel Livshin, hereby resign as President  
(Title)

of Pulmonary Providers Inc.  
(Name of Corporation)

F05000004607, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA/ILLINOIS

  
(Signature of resigning officer/director)

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07 AUG 22 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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