

F060000006098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

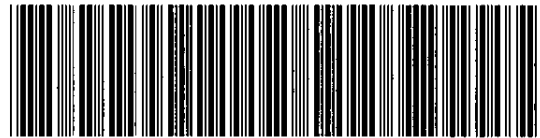
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300144923493

03/05/09--01014--011 **35.00

Off / Di Rep

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR -5 PM 2:26

2 Roberts MAR 06 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Surgical Outcome Support, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F06000006098

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

David Loppert

(Name of Person)

(Name of Firm/Company)

14 Saint George Pl.

(Address)

Palm Beach Gardens, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

David Loppert

(Name of Person)

at (561) 632-1020

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR -5 PM 2: 26

I, David A. Loppert, hereby resign as Director on 2/24/2009
(Title)

of Surgical Outcome Support, Inc.
(Name of Corporation)

F06000006098, a corporation organized under the laws of the State of
(Document Number, if known)

Delaware.



(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