

F55772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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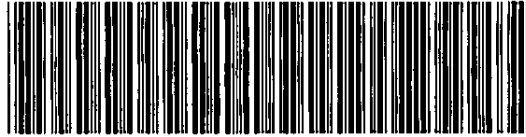
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2015 APR 13 AM 10:52

OD/Res
@ 4.14.15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: West Coast Anesthesiology Associate, Inc
(Name of Corporation)

DOCUMENT NUMBER: F55772

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

Please return all correspondence concerning this matter to the following:

Marlo Reyes

(Name of Person)

West Coast Anesthesiology Associates, Inc

(Name of Firm/Company)

5741 Bee Ridge Road, Suite 250

(Address)

Sarasota, FL 34233

(City/State and Zip Code)

For further information concerning this matter, please call:

Marlo Reyes

(Name of Person)

at (941) 365-5672

(Area Code & Daytime Telephone Number)

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

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, Robert A. Hamilton, MD, hereby resign as Officer /Director
(Title)

of West Coast Anesthesiology Associates, Inc
(Name of Corporation)

F55772, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED STAFF
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
2015 APR 13 AM 10:52

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: *enclosed*

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