

F71596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

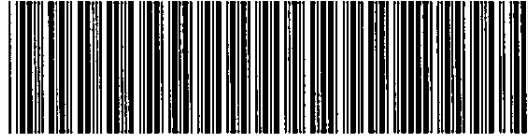
(Business Entity Name)

(Document Number)

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16 FEB 12 AM 7:59

FEB 15 2016
C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Terrence J. Barry, M.D., INC.
(Name of Corporation)

DOCUMENT NUMBER: F71596

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

Please return all correspondence concerning this matter to the following:

Matrina E. Barry

(Name of Person)

Terrence J. Barry M.D., INC.

(Name of Firm/Company)

3802 NE 207 Street Suite 2302

(Address)

Aventura, Florida 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Matrina E. Barry

(Name of Person)

at (**305**) **773 6804**

(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**

FILED
DIVISION OF CORPORATIONS

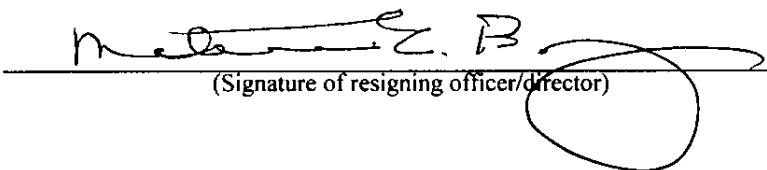
16 FEB 12 AM 7:59

I, Matrina E. Barry, hereby resign as President, Director
(Title)

of Terrence J. Barry, M.D., Inc.,
(Name of Corporation)

F71596, 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