

F94000004 79

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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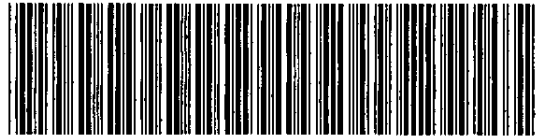
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COVER LETTER

TO: Amendment Section
Division of Corporations

Professional Center of South Florida, Inc.

SUBJECT: Professional Center, SA
(Name of Corporation)

DOCUMENT NUMBER: F94000004799

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

Please return all correspondence concerning this matter to the following:

Saul Fraynd

(Name of Person)

Professional Center, SA
Professional Center of South Florida, INC

(Name of Firm/Company)

1835 NE Miami Gardens Drive # 144

(Address)

North Miami Beach, Florida 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Saul Fraynd at (305) 792-7442
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Paul Fraynd, hereby resign as VP
(Title)

Professional Center of South Florida, INC
of Professional Center, SA
(Name of Corporation)

F94000004799, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



PAUL FRAYND

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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