

F99055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pulmonary Physicians of Gainesville, P.A.
(Name of Corporation)

DOCUMENT NUMBER: F99055

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

Please return all correspondence concerning this matter to the following:

Srinivas R. Dantuluri

(Name of Person)

Ossi Law Firm, P.A.

(Name of Firm/Company)

4731 NW 53rd Avenue, Suite 1

(Address)

Gainesville, FL 32653-4899

(City/State and Zip Code)

For further information concerning this matter, please call:

Srinivas R. Dantuluri

(Name of Person)

at (352) 692-4888

(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

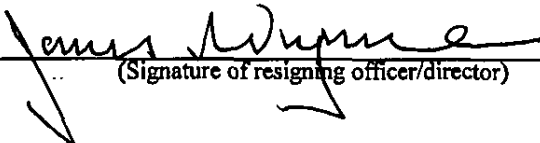
2008 SEP 26 AM 10:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, James W. Wynne, M.D., hereby resign as Director
(Title)

of Pulmonary Physicians of Gainesville, P.A.
(Name of Corporation)

F99055, 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