

665430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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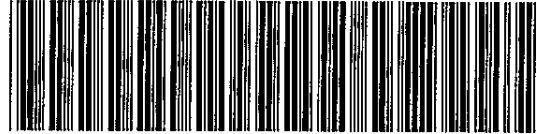
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE PA
(Name of Corporation)

DOCUMENT NUMBER: 665430

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

Please return all correspondence concerning this matter to the following:

JOANNE TETREAULT
(Name of Person)

FORT LAUDERDALE ORTHOPAEDIC SURGERY AND SPORTS MEDICINE PA
(Name of Firm/Company)

1414 SE 3 AVE
(Address)

FORT LAUDERDALE FL 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

JOANNE TETREAULT at (954) 764-8033
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RICHARD D GOLDBSTEIN MD, hereby resign as PRESIDENT / DIRECTOR
(Title)

of FORT LAUDERDALE ORTHOPAEDIC SURGERY - SPORTS MEDICINE PA
(Name of Corporation)

665430, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

TRALA
(Signature of resigning officer/director)

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05 MAY 16 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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