

# H41093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

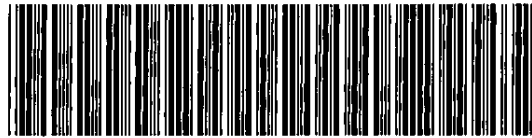
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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OLD Resign.

06/05/06

De

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORDOVA INJURY CLINIC, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** H41093

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

Please return all correspondence concerning this matter to the following:

JANET WEBB  
(Name of Person)

CORDOVA INJURY CLINIC  
(Name of Firm/Company)

4006 N. NINTH AVENUE  
(Address)

PENSACOLA, FL 32503  
(City/State and Zip Code)

For further information concerning this matter, please call:

JANET WEBB at (850) 432-3484  
(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

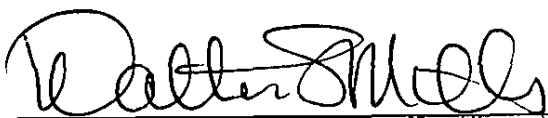
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SCOTT MILLS, hereby resign as Treasurer/Director  
(Title)

of CORDOVA INJURY CLINIC, P.A.  
(Name of Corporation)

H 4093, a corporation organized under the laws of the State of Florida  
(Document Number, if known)

  
(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

FILED  
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DIVISION OF CORPORATIONS  
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