

H41093

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(Address)

(Address)

(City/State/Zip/Phone #)

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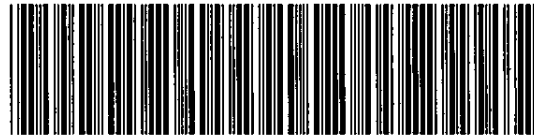
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COVER LETTER

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:

Ryan L. Moulds, D.C.

(Name of Person)

Cordova Injury Clinic, P.A.

(Name of Firm/Company)

4006 North Ninth Avenue

(Address)

Pensacola, Florida 32503

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan L. Moulds, D.C.

(Name of Person)

at (850) 432-3484

(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, Janet Webb, hereby resign as Vice President/Director
(Title)

of Cordova Injury Clinic, P.A.,
(Name of Corporation)

H41093, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Janet Webb
(Signature of resigning officer/director)

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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