

536729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

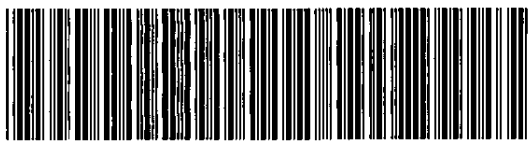
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resignation of Director  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** J36729  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Maqueitha Davis  
\_\_\_\_\_  
(Name of Person)

Pulmonary and Critical Care Associates, P.A.  
\_\_\_\_\_  
(Name of Firm/Company)

1893 Kingsley Avenue, Suite C  
\_\_\_\_\_  
(Address)

Orange Park, Florida 32073  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward C. Akel at ( 904 ) 356-6311  
(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, Harish Bhaskar, M.D., hereby resign as Director  
(Title)

of Pulmonary and Critical Care Associates, P.A.  
(Name of Corporation)

J36729, 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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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