

J82552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

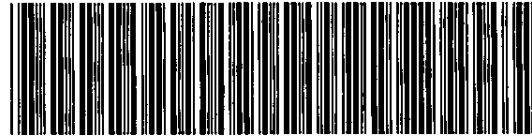
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

O/D

Resign.

01-15-14

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Infusion Services
(Name of Corporation)

DOCUMENT NUMBER: J82552

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

Please return all correspondence concerning this matter to the following:

Rodolfo Ciccarello

(Name of Person)

Florida Infusion Services

(Name of Firm/Company)

4190 Corporate Ct.

(Address)

Palm Harbor, FL 34683

(City/State and Zip Code)

For further information concerning this matter, please call:

Rudy Ciccarello

(Name of Person)

at (727) 943-9900

(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
2661 Executive Center Circle
Tallahassee, FL 32301


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Thomas Magoulis, hereby resign as Director/ VP
(Title)

of Florida Infusion Services, Inc.
(Name of Corporation)

J82552, 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

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