

K27310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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10 AUG 23 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 25 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alpha Medical PA
(Name of Corporation)

DOCUMENT NUMBER: K27310

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

Please return all correspondence concerning this matter to the following:

Rajiv Chandra

(Name of Person)

Alpha Medical PA

(Name of Firm/Company)

20 East Melbourne Ave. Suite # 104

(Address)

Melbourne, FL 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

Jean McCullum/Sandy Hartgrave

(Name of Person)

at (321) 768-6499

(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**

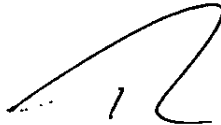
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Rajiv Chandra, hereby resign as Director
(Title)

of Alpha Medical PA,
(Name of Corporation)

K27310, 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