159468

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filling Officer.	
		A CONTRACTOR OF THE CONTRACTOR
		NAME OF THE PARTY





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09/07/07--01045--009 **35.00

M/Ris Resyn

SECRETARY OF STATE

T. Roberts SEP 12 2001

COVER LETTER

SUBJECT: Lefkin and Mills, M.D. P.A. (Name of Corporation)
DOCUMENT NUMBER: K59468
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jannetta G. Mills (Name of Person)
Lafkin and Mills, M.D. P.A. (Name of Firm/Company)
7918 Shenzadozh Lzne (Address)
Parkland FL 33067 (City/State and Zip Code)
For further information concerning this matter, please call:
Jannette G. Mills at (954) 655-9603 (Name of Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

(Signature of resigning officer/director

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