

K69693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

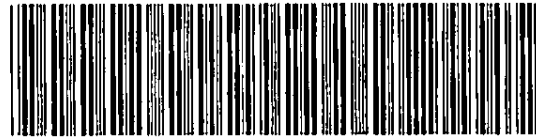
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORAL RIDGE OBGYN ASSOCIATES, INC.
(Name of Corporation)

DOCUMENT NUMBER: K69693

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

Please return all correspondence concerning this matter to the following:

MAYRA MEILAN

(Name of Person)

TRICPS

(Name of Firm/Company)

1600 S. FEDERAL HIGHWAY, SUITE 420

(Address)

POMPANO BEACH, FL 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

MAYRA MEILAN

(Name of Person)

at (**954**) **351-0336**

(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

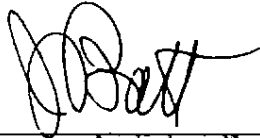
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, IRVING BRATT, hereby resign as VICE PRESIDENT
(Title)

of CORAL RIDGE OBGYN ASSOCIATES, INC.
(Name of Corporation)

K69693, 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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DEPARTMENT OF STATE

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