

L40391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

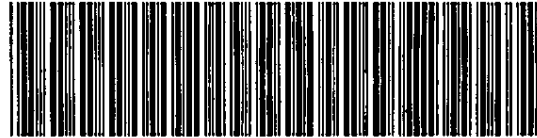
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX  
JAN 24 2016

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Physicians' Optical Lab, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** L40391

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

Please return all correspondence concerning this matter to the following:

Ralph Paylor, M.D.

(Name of Person)

(Name of Firm/Company)

502 E. New Haven Ave.

(Address)

Melbourne, FL 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

Ralph Paylor, M.D.

(Name of Person)

at ( 321 ) 726-4050

(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, Ralph Paylor, M.D., hereby resign as Secretary/ Treasurer/ Director  
(Title)

of Physicians' Optical Lab, Inc.  
(Name of Corporation)

L40391, 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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TALLAHASSEE, FLORIDA

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