

L82421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

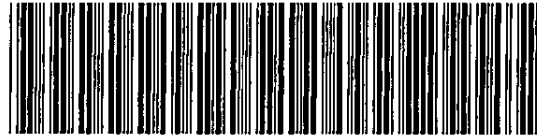
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD Res.
sf

BREW & HARPER, PL

Attorneys at Law

6817 Southpoint Parkway, Suite 1804

Jacksonville, Florida 32216

Telephone: (904) 354-4741

Facsimile: (904) 354-8001

March 8, 2007

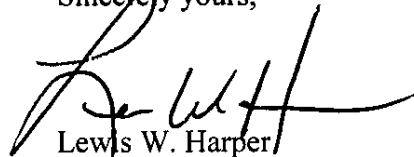
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Richard M. Cohen, M.D., P.A. - Officer/director Resignation

Dear Sir/Madam:

Please find enclosed the form cover letter regarding the above-referenced matter, together with the executed Officer/Director Resignation for a Corporation. I have also enclosed my firm's check in the amount of \$35.00 which represents your fee regarding the same. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely yours,



Lewis W. Harper

LWH/jld
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Richard M Cohen, M.D., P.A.

(Name of Corporation)

DOCUMENT NUMBER: L82421

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Lewis W. Harper, Esq.

(Name of Person)

Brew & Harper, PL

(Name of Firm/Company)

6817 Southpoint Pkwy., Suite 1804

(Address)

Jacksonville, Florida 32218

(City/State and Zip Code)

For further information concerning this matter, please call:

Lewis W. Harper at (904) 886-9270

(Name of Person) (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

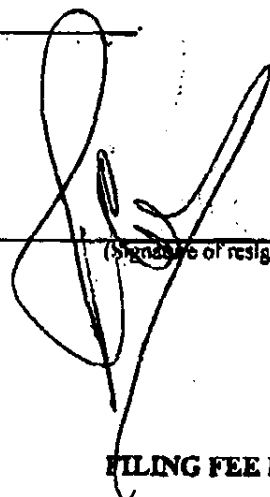
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Richard M. Cohen, M.D., hereby resign as President/Sec/Treasurer
(Title)

of Richard M. Cohen, M.D., P.A.
(Name of Corporation)

L82421 a corporation organized under the laws of the State of
(Document Number, if known)

Florida



RICHARD M COHEN, M.D.

(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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