

ND1000008711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

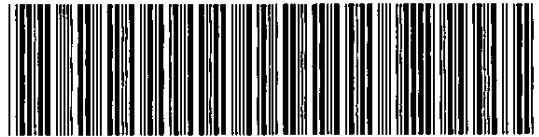
(Business Entity Name)

(Document Number)

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MAR 10 2017

R. WHITE

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PHYSICIANS PARK OWNERS ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N01000008711

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

Please return all correspondence concerning this matter to the following:

DEAN C. KRAMER, M.D.

(Name of Person)

DEAN C. KRAMER, M.D.

(Name of Firm/Company)

1155 NW 64TH TERRACE

(Address)

GAINESVILLE, FL 32605

(City/State and Zip Code)

For further information concerning this matter, please call:

DEAN C. KRAMER, M.D. at **(352) 331-6736**

(Name of Person)

(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, DEAN C. KRAMER, M.D., hereby resign as DIRECTOR/PRESIDENT
(Title)

of PHYSICIAN'S PARK OWNERS ASSOCIATION, INC.,
(Name of Corporation)

N01000008711, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

 3/2/2017
(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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