

N17000012123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

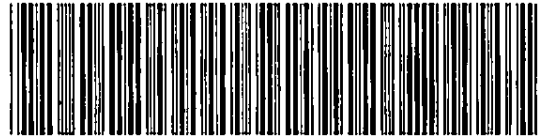
(Business Entity Name)

(Document Number)

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05/04/18--01023--005 **35.00

S TALLENT
MAY 08 2018

O/D-Resign

FILED
18 MAY -11 PM 2:46

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Patients and Producers Alliance Inc
(Name of Corporation)

DOCUMENT NUMBER: N17000012123

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

Please return all correspondence concerning this matter to the following:

Michael Minardi

(Name of Person)

(Name of Firm/Company)

11402 Bloomingdale Ave.

(Address)

Riverview FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Merri Newman

(Name of Person)

at **813 995-8227**

(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:

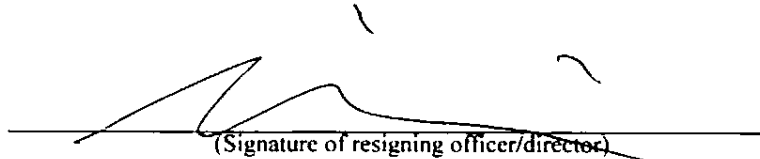
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael C. Minardi, hereby resign as Vice President
(Title)

of Patients and Producers Alliance Inc
(Name of Corporation)

N17000012123, 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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