Paxxxx3454

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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06/07/11--01015--015 **85.00



COVER LETTER

SUBJECT:_KIDZ-IN PEDIATRICS, P.A. (Name of Corporation) P00000034548 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rendell L. Brewster (Name of Person) RLB Financial Services, Inc. (Name of Firm/Company) 16115 SW 117 Ave, STE A-14 (Address) Miami, FL 33177 (City/State and Zip Code) For further information concerning this matter, please call: Rendell L. Brewster (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, AUSBERTO B HIDALGO	, hereby resign as DIRECTOR	
1,	(Title)	
of_ KIDZ-IN PEDIATRICS, P.A.	Companion)	
D0000004549	a corporation organized under the laws of the State of	
FLORIDA		
(Sig	nature of resigning officer/director)	
	8: 35	

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