

P000000034548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

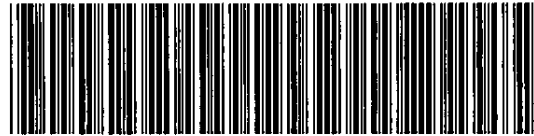
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/16/08

O/D Resign
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KIDZ-IN PEDIATRICS, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P00000034548

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

Please return all correspondence concerning this matter to the following:

ALBERTO HIDALGO
(Name of Person)

KIDZ-IN PEDIATRICS, P.A.
(Name of Firm/Company)

3170 N. FEDERAL HWY.
(Address)

Light House Point, FL. 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERTO HIDALGO at (305) 951-4900
(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, AUSBERTO HIDALGO, hereby resign as PRESIDENT
(Title)

of KIDZ-IN PEDIATRICS, P.A.
(Name of Corporation)

P.00000034548, 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