

P00000086145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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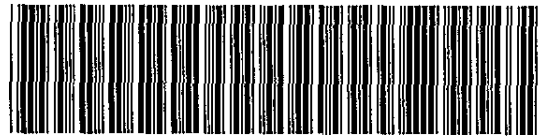
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(Document Number)

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Off Resign.

C. Coulllette MAY 16 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROWARD INSTITUTE OF CARDIOLOGY
(Name of Corporation)

DOCUMENT NUMBER: P00000086145

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

Please return all correspondence concerning this matter to the following:

ESPERANZA BASTO

(Name of Person)

BROWARD INSTITUTE OF CARDIOLOGY, INC.

(Name of Firm/Company)

201 N.W. 70TH AVENUE, SUITE D

(Address)

PLANTATION, FL 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

ESPERANZA BASTO at (954) 816-3007

(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

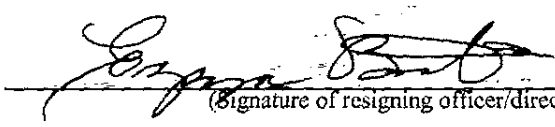
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Esperanza Basto, hereby resign as President
(Title)

of Broward Institute of Cardiology, Inc.
(Name of Corporation)

P00000086145, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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