

PD00000111310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800128920578

05/27/08--01020--014 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 27 PM 2:39

OD/RES
① 5/30/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Internal Medicine Associates, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P00000111310

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

Please return all correspondence concerning this matter to the following:

Jeffrey Gross

(Name of Person)

Internal Medicine Associates, P.A.

(Name of Firm/Company)

1601 Clint Moore Road, Suite 115

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Gross

(Name of Person)

at (561) 997 - 8484

(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:

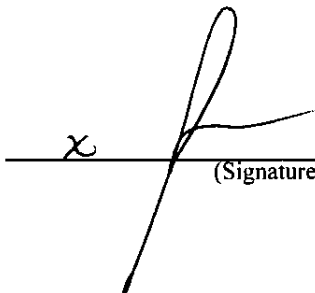
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ronnie Morris, hereby resign as Director
(Title)

of Internal Medicine Associates, P.A.
(Name of Corporation)

P00000111310, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 27 PM 2:39

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