

P01000019185

(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



600252915216

11/01/13--01015--004 **35.00

RECEIVED
11-01-13 11:50 AM

13 NOV - 1 PM 4:50

FILED

O/D
Resign.

11/7/13

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: James D Shortt, MD, PA

(Name of Corporation)

DOCUMENT NUMBER: P01000019185

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

Please return all correspondence concerning this matter to the following:

James D Shortt, M.D.

(Name of Person)

Jmaes D Shortt, MD, PA

(Name of Firm/Company)

5741 Bee Ridge Rd., Ste. 590

(Address)

Sarasota, FL 34233

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Shortt 941 539-7087

(Name of Person) at () (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

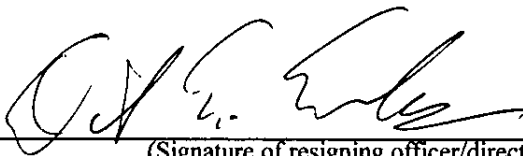
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

Daniel M Merck, M.D. Vice President
I, _____, hereby resign as _____
(Title)

James D Shortt, MD, PA
of _____,
(Name of Corporation)

P01000019185
_____, 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

FILED
13 NOV -1 PM 4:50
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE