

P01000041303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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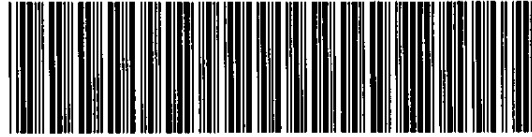
(Business Entity Name)

(Document Number)

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O/D
Resign.
11/28/12
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kidsville Pediatrics II, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P01000041303

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

Please return all correspondence concerning this matter to the following:

Francelis I. Gonzalez

(Name of Person)

Kidsville Pediatrics II, P.A.

(Name of Firm/Company)

PO Box 452223

(Address)

Kissimmee, FL 34745

(City/State and Zip Code)

For further information concerning this matter, please call:

Francelis I. Gonzalez

(Name of Person)

at (401) 346-2995
(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:

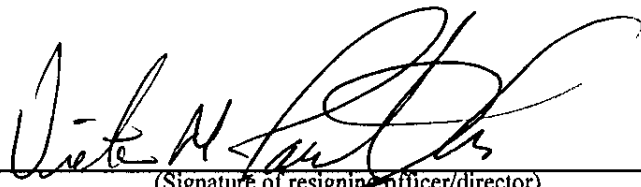
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Victor M. Pantoja, Jr., hereby resign as President
(Title)

of Kidsville Pediatrics II, P.A.,
(Name of Corporation)

P01000041303, 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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