

PD10000043357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

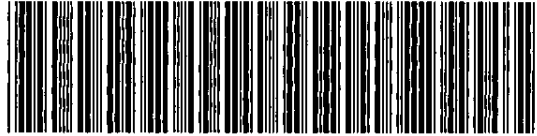
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DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Radiology Doctors PA.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 1000043357

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

Please return all correspondence concerning this matter to the following:

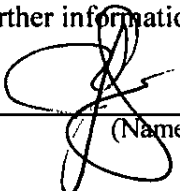
Raymond J. Perez, D.O.  
(Name of Person)

Radiology Doctors P.A.  
(Name of Firm/Company)

P.O. Box 6120  
(Address)

Spring Hill, FL 34611  
(City/State and Zip Code)

For further information concerning this matter, please call:

 at (352) 597-0780  
(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

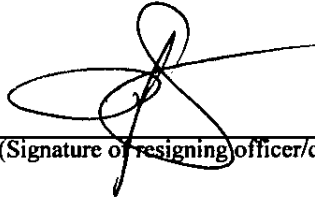
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Raymond J. Perez, hereby resign as President / Director  
(Title)  
and or VP

of Radiology Doctors P.A.  
(Name of Corporation)

PO 10000043357, 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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DIVISION OF CORPORATIONS  
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