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Amendment Section

Division of Corporations

TO:

ASTHMA SINUS ALLERGY RESEARCH INSTITUE, INC (Name of Corporation) P01000059136 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MORRIS BECK, MD (Name of Person) ASTHMA SINUS ALLERGY RESEARCH INSTITUTI (Name of Firm/Company) 7800 SW 87 AVENUE, SUITE C-340 (Address) MIAMI, FL 33173 (City/State and Zip Code) For further information concerning this matter, please call: JORGE MIRABENT(Administrator) (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

hereby resign as President
(Title)
rch Institute Inc.
ne of Corporation)
, a corporation organized under the laws of the State of
, a corporation organized and of the laws of the batte of

(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