

PD1000070146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

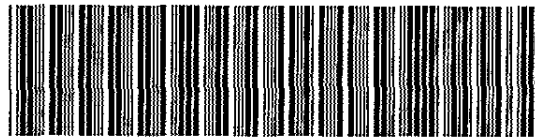
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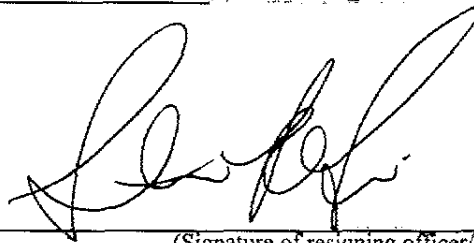
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Steven Refkin, hereby resign as D  
(Title)

of Florida Center for Cosmetic Surgery of West Palm Beach, Inc  
(Name of Corporation)

P01000070146, 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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