

P01000085412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

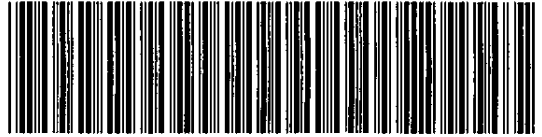
(Business Entity Name)

(Document Number)

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08 MAY -5 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign.*

**CONFILLETTE** MAY 09 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PEDRO F. CASANOVA MD PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000085412

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

RUBY T SIPPER  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

7292 MEMORIAL DRIVE  
(Address)

PORT CHARLOTTE, FL 33981  
(City/State and Zip Code)

For further information concerning this matter, please call:

RUBY T SIPPER at ( 941 ) 815-6813  
(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, RUBY T SIPPER, hereby resign as VICE PRESIDENT  
(Title)

of PEDRO F CASANOVA MD PA,  
(Name of Corporation)

P01000085412, 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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA