

P01000085412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

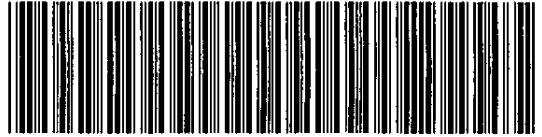
(Business Entity Name)

(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

(Name of Person)

at (941) 815-6813

(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

FILED
08 MAY -5 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA