

PO1 000094395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

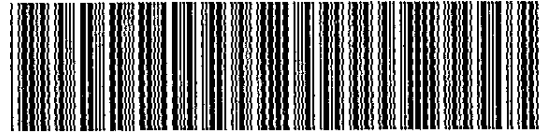
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05 NOV -8 AM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clini-Derm Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000094395

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

Please return all correspondence concerning this matter to the following:

Bonnie Grade, President (11/17 effective)
(Name of Person)

Clini-Derm Associates, Inc
(Name of Firm/Company)

2456 Ridgelake Drive
(Address)

Villa Rica, GA 30180
(City/State and Zip Code)

For further information concerning this matter, please call:

Lynne Paganelli at (352) 302-9899
(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, Lynne Paganelli, hereby resign as President, Treasurer & Director
(Title)
of Clivi-Derm Associates, Inc.
(Name of Corporation)

PO1000094395, a corporation organized under the laws of the State of
(Document Number, if known)

Florida (effective date 11/17/05)

Lynne Paganelli, RN
(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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