

PO20000029611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

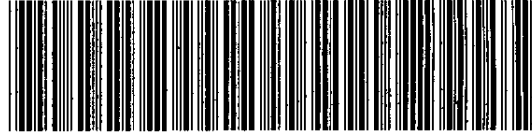
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500131038795

06/09/08--01030--002 **35.00

Mr. / Mr. / Mrs.

FILED

08 JUN -9 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 11 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Neurological Consultants Inc
(Name of Corporation)

DOCUMENT NUMBER: FID ID 0106429530

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

Please return all correspondence concerning this matter to the following:

Jorge Ciccone

(Name of Person)

South Florida Neurological Corporation

(Name of Firm/Company)

601 East sample Rd , Suite 104

(Address)

Pompano Beach Fla . 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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**

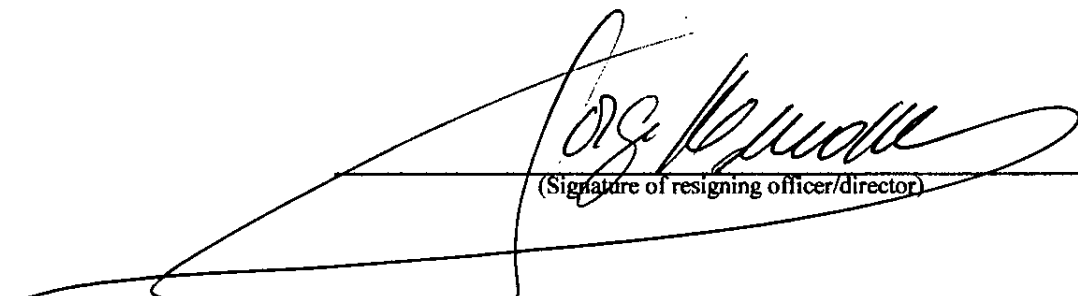
FILED
08 JUN -9 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jorge Ciccone, hereby resign as President
(Title)

of South Florida Neurological Consultants, Inc.
(Name of Corporation)

FED ID 010642953.0 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