

PO2000015037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

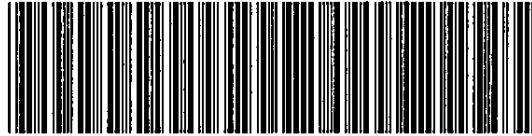
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

12/27/06

OP

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dipak Shah M.D. P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000075037

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

Please return all correspondence concerning this matter to the following:

Steven J. Romanillo  
(Name of Person)

Romanillo Professional Association  
(Name of Firm/Company)

1560 Sawgrass Corporate Parkway, Fourth Floor  
(Address)

Sunrise, FL 33323  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven J. Romanillo at ( 954 ) 331-8020  
(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, Dipak Shah, M.D., hereby resign as President  
(Title)

of Dipak Shah MD PA.  
(Name of Corporation)

P02000075037, 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**