

PO2000076704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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*Resignation of
Officer*

12/21/15--01058--008 **113.75

FILED
15 DEC 21 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 28 2015
A RAMSEY

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: N. Chandramohan, M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: P02000076704

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

Please return all correspondence concerning this matter to the following:

Nanjappa Chandramohan

(Name of Person)

N. Chandramohan, M.D., P.A.

(Name of Firm/Company)

6790 SE 12th Terrace

(Address)

Ocala, FL 34480

(City/State and Zip Code)

For further information concerning this matter, please call:

Nanjappa Chandramohan at 352 223-4866

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

15 DEC 21 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Nanjappa Chandramohan, hereby resign as President
(Title)

of N. Chandramohan, M.D., P.A.
(Name of Corporation)

P02000076704, 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