

PO2000099166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

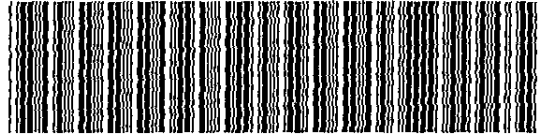
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0/0 Resign.
Jm
12/23/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Pembroke Pines Accident & Injury Center, Inc
(Name of Corporation)

DOCUMENT NUMBER: P02000099166

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

Please return all correspondence concerning this matter to the following:

Robert D. Gordon
(Name of Person)

(Name of Firm/Company)

1308 Alexander Bend
(Address)

Weston FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Senter at (954) 520-8810
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert D Gordon, hereby resign as Sec
(Title)

of The Pembroke Pines Accident & Injury Center, Inc.
(Name of Corporation)

P02000099166, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Robert D Gordon / Sec
(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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