

PO2000099166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

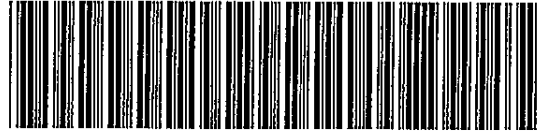
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TALLAHASSEE, FLORIDA

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of

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE PEMBROKE PINES ACCIDENT & INJURY CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P2000099166

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

Please return all correspondence concerning this matter to the following:

Mindy Senter

(Name of Person)

Pembroke Pines Accident & Injury Center, INC.

(Name of Firm/Company)

1483 Springside Drive

(Address)

Pembroke Pines, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Mindy Senter

(Name of Person)

at ( 954 ) 931-2312  
(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, Jeffrey S. Senter, hereby resign as Vice President  
(Title)

*The* of Pembroke Pines Accident & Injury Center, INC  
(Name of Corporation)

P2000099166, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
**05 APR -4 PM 3:34**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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