

P03000053999

(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



700139230357

01/12/09--01023--017 \*\*35.00

FILED  
09 JAN 12 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

60109  
DD  
15

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ralph J. Tullo, MD, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000053999

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

Please return all correspondence concerning this matter to the following:

Alicia Tullo

(Name of Person)

Ralph J. Tullo, MD, PA

(Name of Firm/Company)

1640 Cherry Ridge Drive

(Address)

Heathrow, Florida 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Alicia Tullo

(Name of Person)

at ( 407 ) 833-8378

(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, Ralph J. Tullo, MD, hereby resign as President/Owner  
(Title)

of Ralph J. Tullo, mD, PA  
(Name of Corporation)

P03000053999, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
**09 JAN 12 PM 12:38**  
**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