

P03000060447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

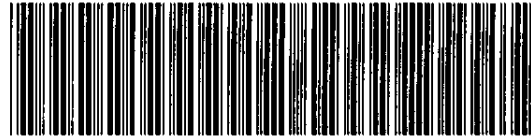
(Business Entity Name)

(Document Number)

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10-26-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPINE & BRAIN NEUROSURGERY CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000060447

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

Please return all correspondence concerning this matter to the following:

NIZAM RAZACK, MD, JD

(Name of Person)

SPINE & BRAIN NEUROSURGERY CENTER

(Name of Firm/Company)

32 WEST GORE STREET #511

(Address)

ORLANDO, FL 32806

(City/State and Zip Code)

For further information concerning this matter, please call:

DEBBIE MACLAUGHLIN

(Name of Person)

at (407) 423-7172

(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**

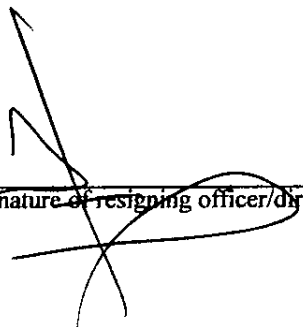
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HUNALDO VILLALOBOS, MD, hereby resign as VICE PRESIDENT
(Title)

of SPINE & BRAIN NEUROSURGERY CENTER, INC.
(Name of Corporation)

P03000060447, 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