

P03000063327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

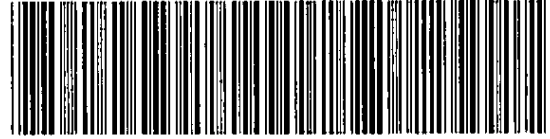
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300419499073

*Resignation of  
Officer*

11/30/23--01010--017 \*\*35.00

FILED  
2023 NOV 30 PM 12:25  
CLERK OF COURT

A. RAMSEY

DEC 18 2023

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE EYE SURGERY CENTER OF ST. AUGUSTINE, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000063327  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Trei Hund, MD

\_\_\_\_\_  
(Name of Person)

N/A

\_\_\_\_\_  
(Name of Firm/Company)

409 Night Hawk Ln.

\_\_\_\_\_  
(Address)

Saint Augustine, FL 32080

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan King

\_\_\_\_\_  
(Name of Person)

at ( 352 ) 219-5351  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

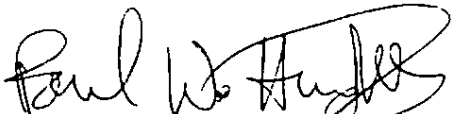
**FILED**  
2023 NOV 30 PM 12 25

STATE OF FLORIDA  
TALLAHASSEE

I, PAUL W. HUND, hereby resign as DIRECTOR  
(Title)

of THE EYE SURGERY CENTER OF ST. AUGUSTINE, INC.  
(Name of Corporation)

P03000063327, 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