

PO4000009389

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(Address)

(Address)

(City/State/Zip/Phone #)

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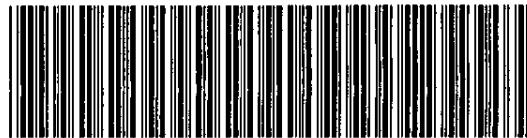
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C. MUSTAIN

Order

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Penn Plastic Surgery of Palm Harbor, P.A.
(Name of Corporation)

DOCUMENT NUMBER: PO480000 9389

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

Please return all correspondence concerning this matter to the following:

C. Randall Harrell, M.D.
(Name of Person)

Penn Plastic Surgery of Palm Harbor, P.A.
(Name of Firm/Company)

34156 US High 19N
(Address)

Palm Harbor, FL 34684
(City/State and Zip Code)

For further information concerning this matter, please call:

C. Randall Harrell, M.D. at (727) 781-0818
(Name of Person) (Area Code & Daytime Telephone Number)

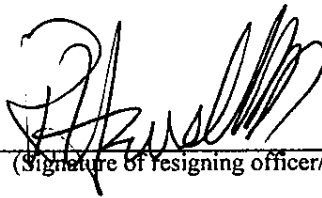
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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, C. Randall Harrell, MD, hereby resign as PRESIDENT
(Title)
of Penn Plastic Surgery of Palm Harbor, PA.
(Name of Corporation)
70400009389, a corporation organized under the laws of the State of
(Document Number, if known)


(Signature of resigning officer/director)

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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