

P04000536501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

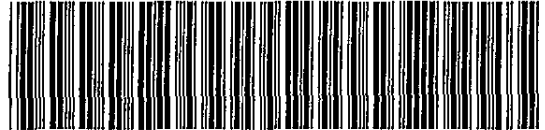
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature and initials

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Injury Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO 4 0000 36501

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

Please return all correspondence concerning this matter to the following:

Barbara Landon MD.
(Name of Person)

Florida Injury Associates, Inc.
(Name of Firm/Company)

PO Box 262591
(Address)

Weston FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Landon at (954) 349-1777
(Name of Person) (Area Code & Daytime Telephone Number)

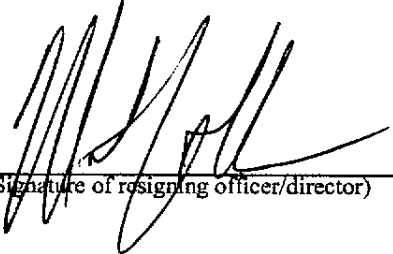
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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, Michael Zoldan, hereby resign as Vice President
(Title)
of Florida Injury Associates, Inc.
(Name of Corporation)
P04000036501, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

2/28/

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SECRETARY OF STATE

FILING FEE IS \$35.00

(# 1002)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314