

PO4000040262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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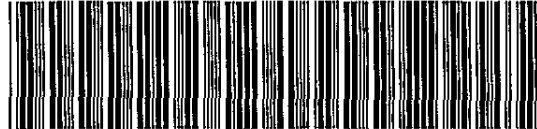
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida PC Doctors corp.
(Name of Corporation)

DOCUMENT NUMBER: P04000040262

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

Please return all correspondence concerning this matter to the following:

Martin Gonzalez
(Name of Person)

Florida PC Doctors corp.
(Name of Firm/Company)

5944 Coral ridge dr.
(Address)

Coral Springs, FL 33076
(City/State and Zip Code)

For further information concerning this matter, please call:

Miguel Canales at (954) 274-0576
(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**

FILED

04 APR 29 PM 3:08

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, Martin Gonzalez, hereby resign as Director
(Title)

of FLorida PC Doctors Corp.
(Name of Corporation)

P04000040262
(Document Number, if known), a corporation organized under the laws of the State of

Florida

Martin Gonzalez
(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

