

P041000040262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

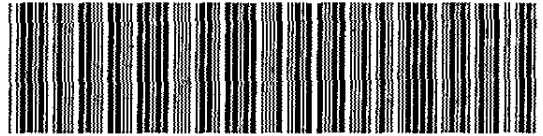
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## TRANSMITTAL LETTER

**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:

Carlos Sanabria  
(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:

Angel L Canales at (954) 274-0376  
(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

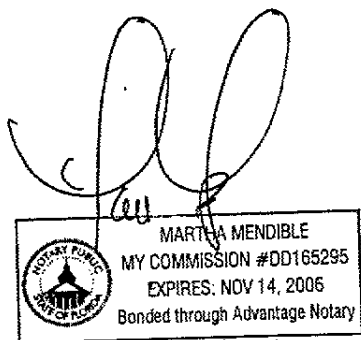
OFFICER / DIRECTOR RESIGNATION

I, Carlos Sanabria hereby resign as  
(Title) Director of Florida PC Doctors Corp. (Name Of Corp.) a  
corporation organized under the laws of the State of Florida and affirm that the  
corporation has been notified in writing of the resignation.

Dated at Coral Springs, Florida, this 5<sup>th</sup> of  
April, 2004.



(Signature of resigning officer/director)



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