

P040000 40262

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Amendment Section
Division of Corporations**

SUBJECT: FLORIDA P.C. DOCTORS CORP.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Yolamis Brito
(Name of Person)

FLORIDA P.C. DOCTORS, CORP.
(Name of Firm/Company)

2484 NORTH STATE RD. 7
(Address)

MARGATE, FL. 33063
(City/State and Zip Code)

For further information concerning this matter, please call:

Yolamis Brito. at (407) 473-4697
(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**

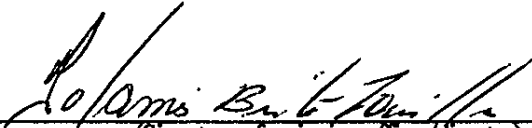
FILED
07 MAR 26 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, YOLAMIS BRITO, hereby resign as TREASURER
(Title)

of FLORIDA P.C. DOCTORS, Corp.
(Name of Corporation)

P04 000040262, 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