P04000040262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
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

CR2E044(08/05)

# 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 00004026 2 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

Yolamis Brito
(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