

PO4000054107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

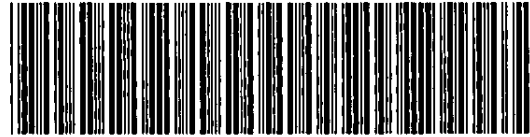
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 14 2012

T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALVARO JARQUIN MD, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P04000054107

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

Please return all correspondence concerning this matter to the following:

PATTI MOSCOW

(Name of Person)

JAMES ALLEN TAX & ACCOUNTING INC

(Name of Firm/Company)

1621F EDGEWOOD DRIVE

(Address)

LAKELAND, FLORIDA 33803

(City/State and Zip Code)

For further information concerning this matter, please call:

DARLENE KEENE

(Name of Person)

at (863) 683-1968

(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**

I, CLAUDIA BERNARD, hereby resign as VICE PRESIDENT
(Title)

of ALVARO JARQUIN MD, P.A.
(Name of Corporation)

P04000054107, 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

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TALLAHASSEE, FLORIDA

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