

P04000162763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

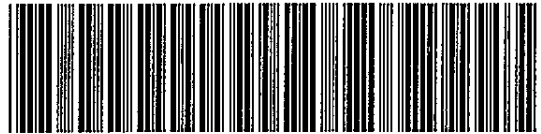
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DIVISION OF CORPORATIONS
2005 MAY 31 AM 9:38

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shores Medical Group
(Name of Corporation)

DOCUMENT NUMBER: PO4000162763

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

Please return all correspondence concerning this matter to the following:

Robert Gordon
(Name of Person)

Shore Medical Group Inc
(Name of Firm/Company)

9999 NE 2nd Ave
(Address)

Miami Shores FL 33138
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Gordon at (954) 647-2994
(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 MAY 31 AM 9:38

I, Robert Gordon, hereby resign as President
(Title)

of Shores Medical Group, INC.
(Name of Corporation)

P04000162763, 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