P05000024502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: SKB Physicians Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000024502

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

Please return all correspondence concerning this matter to the following:

Susan Binoy
(Name of Person)

SKB Physicians Inc.
(Name of Firm/Company)

2650 S. McCall Road
(Address)

Englewood, FL 34224
(City/State and Zip Code)

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For further information concerning this matter, please call:

Susan Binoy at (941) 475-9559
(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

I, JEFFREY SKLAR, hereby resign as director (Title)

of SKB physicians Inc. (Name of Corporation),

P05000024502 (Document Number, if known), a corporation organized under the laws of the State of Florida.

(Signature of resigning officer/director)

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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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JEFFREY SKLAR, hereby resign as Director (Title)

of SKB Physicians Inc. (Name of Corporation),

P05000024502 (Document Number, if known), a corporation organized under the laws of the State of Florida.

(Signature of resigning officer/director)

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FILING FEE IS $35.00

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