

PD5000024502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

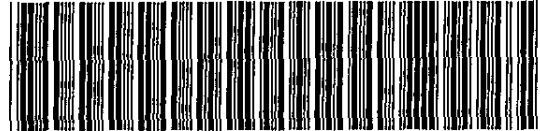
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 28 PM 1:51

FILED

COVER LETTER

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)

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.

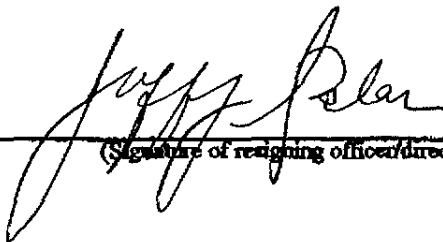
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
06 APR 28 PM 1:51
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JEFFREY SKLAR, hereby resign as director
(Title)
of SFB PHYSICIANS INC.
(Name of Corporation)
P05000024502, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

FILED
06 APR 28 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Jeffrey Sklar
(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
06 APR 28 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314