

PO5000039497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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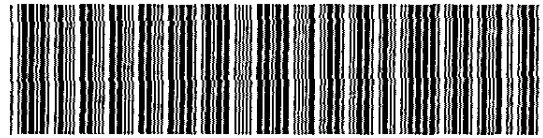
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VALDIVIA FAMILY PRACTICE, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000039497

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

Please return all correspondence concerning this matter to the following:

GRISEL VALDIVIA
(Name of Person)

VALDIVIA FAMILY PRACTICE, P.A.
(Name of Firm/Company)

2925 10TH AVE. NO. STE. 201-A
(Address)

LAKE WORTH, FL. 33461
(City/State and Zip Code)

For further information concerning this matter, please call:

GRISEL VALDIVIA at (561) 963-1762
(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

VALDIVIA FAMILY PRACTICE, P.A.

OFFICER / DIRECTOR RESIGNATION

I, Keneth Rivera Kolb hereby resign as
(Title) Director of Valdivia Family Practice, P.A. (Name of Corp.) a
corporation organized under the laws of the State of Florida and affirm that the corporation has
been notified in writing of the resignation. DOCUMENT NO. P05000039497

Dated at WEST PALM BEACH, FLORIDA, this 23 of
MARCH, 2005.


(Signature of resigning officer/director)

FILED
MAR 23 2005
SECRET
TALLAHASSEE
STATE OF FLORIDA