## P05000046683

(Requestor's Name)		
(Address)		
(Address)		
	ty/State/Zip/Phone	#\
(Cl	ty/State/Zip/Prione	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400245033404

400245033404 02/25/13--01028--005 \*\*35.00

MIRINARY

13 FEB 25 PH 3: 45

FEB 2 7 7013 T. RODINTS

## TRANSMITTAL LETTER

SUBJECT: Veterinary Specialists, Inc. (Name of Corporation) DOCUMENT NUMBER: P05000046693 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Terese R. Tucci, DVM (Name of Person) Veterinary Specialists, Inc. (Name of Firm/Company) 91NE 6th St (Address) Homestead, FL 33030 (City/State and Zip Code) For further information concerning this matter, please call: Terese R. Tucci, DVM (Name of Person)

Mailing Address: Street Address: Amendment Section Amendment Sec

Amendment Section

Division of Corporations

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

13 FEB 25 PH 3: 45

SECRETARY OF STATE
FLORIDA Robert Prosek, DVM President of Veterinary Specialists, Inc. (Name of Corporation) P05000046693 \_\_\_, 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