

P050000073394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TR-20-2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Midland Medical - Miami Shores, Inc.

(Name of Corporation)

DOCUMENT NUMBER:

PO5000073394

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul K. Schrier

(Name of Person)

Paul K. Schrier

(Name of Firm/Company)

11098 Biscayne Boulevard #208

(Address)

Miami, FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Schrier

(Name of Person)

at (305) 893-5500

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED
12 JAN 20 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Paul K Schrier, hereby resign as (SD)
(Title)

of Midland Medical - Miami Shores Inc.
(Name of Corporation)

PO 50000 733 94, 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