

PD50000 77315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300265144113

10/14/14--01037--011 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT 14 PM 3:44

OCT 27 2014
T. CARTER

DD Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KAIZEN MEDICAL SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO5000077315

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

Please return all correspondence concerning this matter to the following:

DR. ELLIOTT KRAKOW
(Name of Person)

(Name of Firm/Company)

13366 KINGSBURY DRIVE
(Address)

WELLINGTON FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. ELLIOTT KRAKOW at (561) 801-5301
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

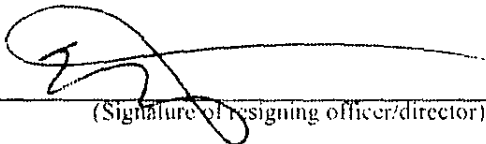
14 OCT 14 PM 3:44

I, DR. ELLIOTT KRAKOW, hereby resign as COO, OFFICER
(Title)

of KAIZEN MEDICAL SERVICES, INC.
(Name of Corporation)

PD5000077315, 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