

PO5000083912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

(Business Entity Name)

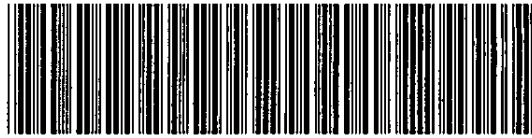
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SECRETARY OF STATE
HALLAM STATE BUILDING

O/D
Resign.

CONNELL MAY 19 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAIME P. NAHMIAS M.D., P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000083912

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

Please return all correspondence concerning this matter to the following:

JAIME P. NAHMIAS

(Name of Person)

JAIME P. NAHMIAS M.D., P.A.

(Name of Firm/Company)

11339 SW 92 STREET

(Address)

MIAMI, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIETA M NAHMIAS

(Name of Person)

at (305) 968-1695

(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

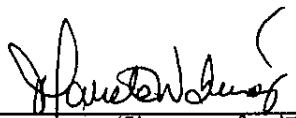
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIETA M. NAHMIAS, hereby resign as VSD
(Title)

of JAIME P. NAHMIAS M.D., P.A.,
(Name of Corporation)

P05000083912, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA