

P05000120918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

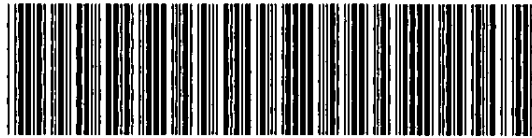
(Business Entity Name)

(Document Number)

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*Resignation
of Oggean*

2008 DEC 10 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*AJR
12/15/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPINE MED EAST HILLSBOROUGH, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000120918

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

Please return all correspondence concerning this matter to the following:

KEVIN DONOFRIO
(Name of Person)

SPINE MED EAST HILLSBOROUGH, INC
(Name of Firm/Company)

1903 W LUMSDEN ROAD
(Address)

BRANDON, FL 33511
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN DONOFRIO at (813) 760-6161
(Name of Person) (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

FILED

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

2008 DEC 10 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MONICA DONDFRIO, hereby resign as VP
(Title)

of SPINE MED EAST HILLSBOROUGH, INC
(Name of Corporation)

P05000120918, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Monica Donofrio
(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