P05000/32827

	_	_
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
	☐ WAIT	
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Advanced Hearing & Audiology, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P05000132827
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mark S. Thomas
(Name of Person)
Dell Graham, P.A.
(Name of Firm/Company)
203 NE 1st Street
(Address)
Gainesville, FL 32601
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark S. Thomas at (352) 372-4381 (Area Code & Daytime Telephone Number)
(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: Mailing Address:
Amendment Section Amendment Section
Division of Corporations Division of Corporations Clifton Building Post Office Box 6327
Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

17 NOV 10 PM 4: 02 SECRETARY OF STATE TABLE AHASSEE FLORIDA

I, Robert Bitters	, hereby resign as VD
,	(Title)
of Advanced Hearing & Audiolog	ıy, Inc.
	of Corporation)
P05000132827 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
	Bu Qu

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314