

PO6000020147

(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



300289987783

300289987783
09/13/16--01016--004 **35.00

FILED
2016 SEP 12 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/16/16

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Worth Medical, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P06000020147

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

Please return all correspondence concerning this matter to the following:

Alan S. Zangen, Esq.
(Name of Person)

Alan S. Zangen, P.A.
(Name of Firm/Company)

12008 South Shore Blvd., Suite 107
(Address)

Wellington, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Alan S. Zangen, Esq. at (561) 793-2400
(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

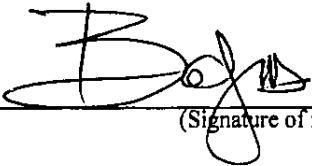
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mario Baez, hereby resign as President, Secretary &
(Title) Director

of Lake Worth Medical, P.A.,
(Name of Corporation)

P06000020147, 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

FILED
2016 SEP 12 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA