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## **COVER LETTER**

Division of Corporations
SUBJECT: Fabian A. Lopez MD PA (Name of Corporation)
DOCUMENT NUMBER: TAX 1D: 205 379 636, Document: P0600
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  Later Tabian A. Lapez MD  (Name of Person)  (Name of Firm/Compshy)
(Name of Firm/Compshy)  P. O. Box 190367  (Address)  Mi'ami Beach FL 33119  (City/State and Zip Code)

For further information concerning this matter, please call:

Fahian A. Lopez MD at (305) 785-33/9
(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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

M 125 PM 2. I W

T / 1 / 200 00	1, Walter	A. Houck-Guzhereby resig	ign as(Title)
of Fabian A. Losez MD PA  (Name of Corporation)  (Document Number, if known)  (Document Number, if known)	100081907 205779	636	

Wahter Averwore Houle-Cru(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