

PO6000 122728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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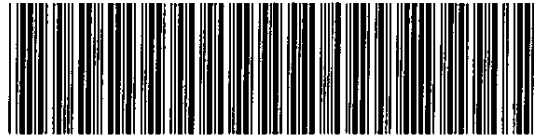
(Business Entity Name)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA INSTITUTE OF HOSPITALISTS INC.

(Name of Corporation)

DOCUMENT NUMBER: P06000122728

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

Please return all correspondence concerning this matter to the following:

SULTAN A SULTAN

(Name of Person)

(Name of Firm/Company)

5228 LEITNER DRIVE WEST

(Address)

CORAL SPRINGS FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

SULTAN A SULTAN

(Name of Person)

at (754) 224-6653

(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, KUMAR RAJAGOPALAN, hereby resign as VICE PRESIDENT
(Title)

of FLORIDA INSTITUTE OF HOSPITALISTS INC.
(Name of Corporation)

P06000122728, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 11-13-07
(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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