

P07000028922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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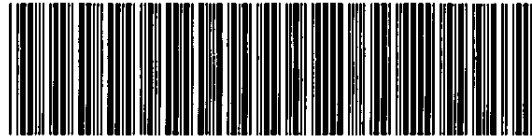
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Old Resign

09/11/07

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Suncoast Medical Network.
(Name of Corporation)

DOCUMENT NUMBER: P07000028922

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

Please return all correspondence concerning this matter to the following:

Rene Gomez
(Name of Person)

Suncoast Medical Network
(Name of Firm/Company)

8720 N. Kendall Dr. #116
(Address)

Miami FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Rene Gomez at (305) 596-5668
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Raymond Levy., hereby resign as COO
(Title)
of Soncoast Medical Network, Inc.
(Name of Corporation)
P07000028922, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Raymond Levy
(Signature of resigning officer/director)

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07 SEP -6 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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