

P07000036472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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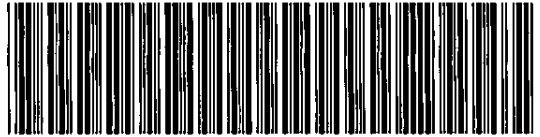
(Business Entity Name)

(Document Number)

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*Off Resign
Lewis*

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2007 SEP 27 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 SEP 27 PM 2:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DMS of Tallahassee, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000036472

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

Please return all correspondence concerning this matter to the following:

Marina Scarano

(Name of Person)

DMS of Tallahassee, Inc.

(Name of Firm/Company)

5752 Braveheart Way

(Address)

Tallahassee, FL 32317

(City/State and Zip Code)

For further information concerning this matter, please call:

Marina K. Scarano

(Name of Person)

at (850) 325-6650

(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**


FILED
2007 SEP 27 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, David Scarano, hereby resign as VP & Treasurer
(Title)

of DMS of Tallahassee, Inc.
(Name of Corporation)

P07000036472, 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