

P07000068241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*C. Coulliette*  
C.COULLIETTE

DEC 22 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PHYSICIAN SERVICE ORGANIZATION, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000068241

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

Please return all correspondence concerning this matter to the following:

CARLOS GARCIA

(Name of Person)

PHYSICIAN SERVICE ORGANIZATION, INC

(Name of Firm/Company)

299 S.W. 27TH AVENUE

(Address)

MIAMI, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS GARCIA

(Name of Person)

at ( )

(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

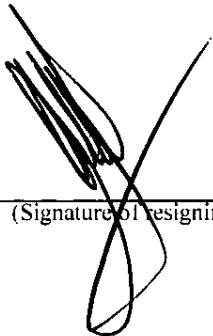
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOEL LAGO, hereby resign as VICE PRESIDENT  
(Title)

of PHYSICIAN SERVICE ORGANIZATION, INC  
(Name of Corporation)

P07000068241, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 20 AM 8:28

**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