

PO7000094093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

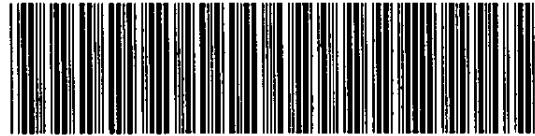
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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@ 9/16/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dizziness and Balance Center of Southwest Florida, PA  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000094093

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

Please return all correspondence concerning this matter to the following:

Shella J. LoBianco

(Name of Person)

Dizziness & Balance Center of Southwest FL, PA

(Name of Firm/Company)

5995 SOUTH POINTE BLVD. #110

(Address)

FORT MYERS, FLORIDA 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

SHELLA LOBIANCO

(Name of Person)

at ( 239 ) 433-1777

(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, Christopher DeSantis, hereby resign as Vice President/Secretary/Dir  
(Title)

of Dizziness & Balance Center of Southwest FL, PA - Effective July 1, 2008,  
(Name of Corporation)

P07000094093, 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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS