

P07000105608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

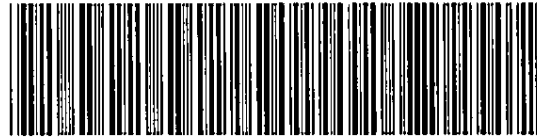
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heart and Vascular Care of Ocala, Inc
(Name of Corporation)

DOCUMENT NUMBER: P07000105608

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

Please return all correspondence concerning this matter to the following:

Griselle Piferrer

(Name of Person)

Heart and Vascular Care of Ocala, Inc.

(Name of Firm/Company)

2101 SW 20th Place

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Griselle Piferrer at (352) 622-7008 ext 208

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

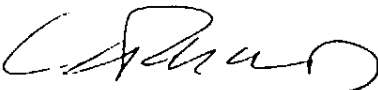
I, Chandranath Das, MD, hereby resign as VPTD
(Title)

of Heart and Vascular Care of Ocala, Inc.
(Name of Corporation)

P07000105608, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

EFFECTIVE DATE: 9/30/2017


(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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