

P08000001206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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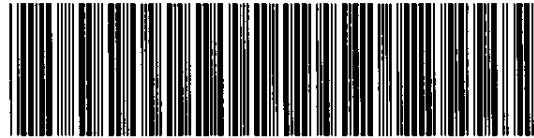
(Business Entity Name)

(Document Number)

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O/D Resign.

10-25-12

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Deborah C. Weston, O.D. P.A.
(Name of Corporation)

DOCUMENT NUMBER: PO8000001206

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

Please return all correspondence concerning this matter to the following:

Deborah C. Weston
(Name of Person)

Deborah C. Weston, O.D. P.A.
(Name of Firm/Company)

1673 Market St
(Address)

Weston, FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Deborah C. Weston at (954) 384-0266
(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

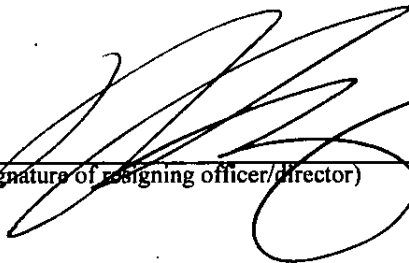
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, HARVEY F. MAZER, hereby resign as Secretary
(Title)

of Deborah C. Weston, OO PA,
(Name of Corporation)

P 0800008/206, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

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12 OCT 19 AM 11:50
DEPARTMENT 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