P0800001557

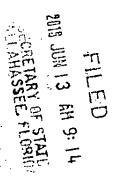
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



400285519804

06/14/16--01060--002 **70.00



مندوران

TRANSMITTAL LETTER

SUBJECT: Wood/Ands Medial Specialists, PA (Name of Corporation)
DOCUMENT NUMBER: PO800001557
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bethany Barfield, CFO (Name of Person)
Woodlands Maica O Specialists (Name of Firm/Company)
4724 N. Davis Hwy (Address)
Pensacola FL 32503 (City/Stale and Zip Code)
For further information concerning this matter, please call:
Bethan Barrield at (850) 696-4809 (Name of Person) (Area Code & Daytime Telephone Number)

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

TO: Amendment Section Division of Corporations

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Thomas B. Tan	, hereby resign as	Presiden (Till	<u>/</u> le)	-
of_	Woodlands Medic	Cal Specialis	its, P.A.	,•	
	P08000001557, a corp (Document Number, if known)	ooration organized unde	er the laws of the	State of	
	Florida.		-	29	
	2	<i>b</i> 2		13 AH	LED
	(Signature	of resigning officer/director	<u>r)</u>	STATE 9: 1-	

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