

P08000020894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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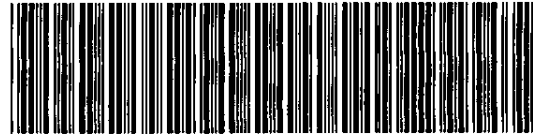
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dauris Figueras, MD PA
(Name of Corporation)

DOCUMENT NUMBER: P08000020894

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

Please return all correspondence concerning this matter to the following:

Dauris Figueras

(Name of Person)

Dauris Figueras, MD PA

(Name of Firm/Company)

302 NW 179 Avenue Suite 102

(Address)

Pembroke Pines, FL 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

Dauris Figueras

(Name of Person)

at (954) 447-7736

(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, Dagmara Figueras, hereby resign as Vice President
(Title)

of Dauris Figueras, MD, PA,
(Name of Corporation)

P08000020894, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

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TALLAHASSEE, FLORIDA

Dagmara Figueras
(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