

PD8000055500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

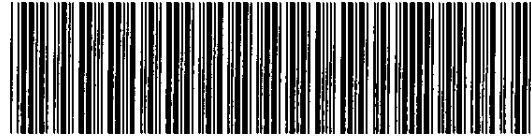
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAMILY PRACTICE OF DANIE, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 08000055506

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

Please return all correspondence concerning this matter to the following:

BASIL MANGRA, MD
(Name of Person)

BASIL MANGRA MD, PA
(Name of Firm/Company)

2518 N. STATE RD 7
(Address)

LAUDERDALE LAKES, FL 33313
(City/State and Zip Code)

For further information concerning this matter, please call:

Basil Mangra at (954) 484 6440 / 954 376-2106
(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, Basil Mangrum, MD, hereby resign as Director
(Title)
of Family Practice of Davie, Inc.
(Name of Corporation)
P08000055506, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.

Basil Mangrum 04-05-11
(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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