

P08000066961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

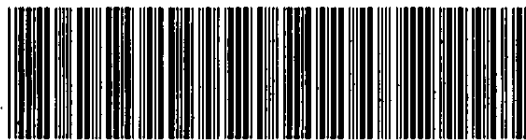
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 21 AM 10:53

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off. Resign.

TB

OCT 22 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Broward Medical Associates of South Florida, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000066961

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

Please return all correspondence concerning this matter to the following:

Ilda Isaza, D.O.

(Name of Person)

(Name of Firm/Company)

12740 N.W. 15th Street

(Address)

Sunrise, FL 33323

(City/State and Zip Code)

For further information concerning this matter, please call:

Ilda Isaza, D.O.

(Name of Person)

at (954) 770-5824

(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

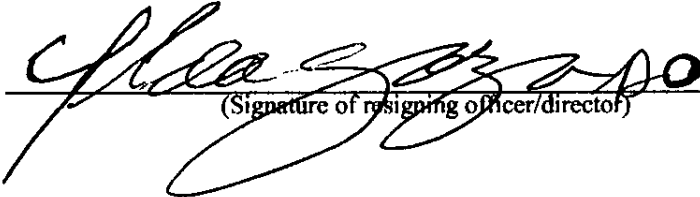
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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2009 OCT 21 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Ilda Isaza, D.O., hereby resign as Vice President
(Title)

of Broward Medical Associates of South Florida, INC.
(Name of Corporation)

P08000066961, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(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