

P08 000066961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

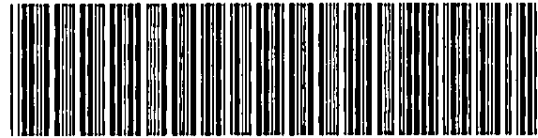
(Business Entity Name)

(Document Number)

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AUG 05 2021

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

BROWARD MEDICAL ASSOCIATES OF SOUTH FLORIDA

SUBJECT: _____
(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:

MAITE CASAS

(Name of Person)

BROWARD MEDICAL ASSOCIATES

(Name of Firm/Company)

7050 NW 4TH ST. SUITE #203

(Address)

PLANTATION, FL. 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

MAITE CASAS

954

303-4297

(Name of Person) at (_____) _____
(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

CHRISTOPHER OSBORNE

SECRETARY


I, _____, hereby resign as _____
(Title)

BROWARD MEDICAL ASSOCIATES OF South Florida

of _____
(Name of Corporation)

PO8000066961

_____, 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