

P08 0000 71418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

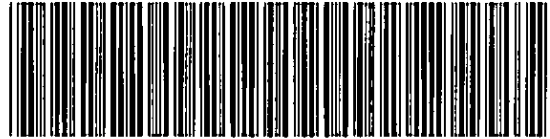
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2022 DEC -5 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FL
JH D

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

COCONUT CREEK MEDICAL ARTS, INC.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P97000099528 _____

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

Please return all correspondence concerning this matter to the following:

HOWARD MOFSEN

(Name of Person)

(Name of Firm/Company)

5541 N University Drive

(Address)

Coral Springs, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Howard Mofsen 954 753-5559

(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**

2022 DEC -5 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FL

Craig Hostig PSTD
I, _____, hereby resign as _____
(Title)

C. HOSTIG, M.D., P.A.
of _____
(Name of Corporation)

P08000071418

_____, 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