P68000093259

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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000138162020

12/01/08--01015--016 **35.00

resignation

2008 DEC -1 PH 3 52 SECRETARY OF STATE

> 12/2/08 12/2/08

COVER LETTER

SUBJECT: JOSE A GSMM M.D. PA. (Name of Corporation)
DOCUMENT NUMBER: POR 6000 93259
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
OAVFO GlASS BGNG (Name of Person)
(Name of Person)
(Name of Person) (Name of Firm/Company) (Name of Firm/Company)
(Name of Firm/Company)
(Name of Firm/Company) 13615 50. OF XFE HEY HORY \$114-514 (Address)
(Address)
MJAM-F, +2. 33176
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 669-9535 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

TO:

Amendment Section Division of Corporations

	/ DIRECTOR RESIGN OR A CORPORATION	,2008 DEC -	ED M 30 52
1, Loreta Cer	3A المح, hereby resign as	DIRECTOR G	STATE LORIDA END SECRETORY
of_ 5058 A.	GSMAD N e of Corporation)	1.D. P.A.	,
(Nocument Number, if known) Document Number, if known)	, a corporation organized ur 	nder the laws of the State of	of

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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