P08000094408

. (Re	equestor's Name)	·
. (Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	·
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SECRETARY OF STATE
IALL AHASSEF FLOORED

off. Pasign.

TB MAR 24 2010

COVER LETTER

TO:	Amendment Section			
	Division of Corporations			

SUBJECT:_	PHYSICIANS	AND					RP	
	•		(Name of Co	orporati	on)		
DOCUMEN	T NUMBER:	P080	00094	408				
The enclosed	Officer/Director	Resig	nation fo	or a Corpor	ation a	nd fee are	e submitt	ed for filing.
Please return	all corresponden	ce cor	cerning	this matter	to the	following	g:	
Nea	al Lechtner,	Esc	1 •					
	(Name o	f Perso	on)					
Nea	l Lechtner				- 4			
	(Name of Fi	rm/Coi	npany)					
PO	Box 2083							
	(Add	lress)						
Ho1	ywood, FL				<u>-</u>			
	(City/State a	nd Zip	Code)					
For further in	formation concer	ning t	his matte	er, please ca	all:			
Neal I	Name of Person	n)		at (<u>954</u> (Area) Code &	457-4 Daytime	357 Telephor	ne 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



Ι, _	SCOTT KATZMAN		, hereby resign as		President	
	•		•		(Title)	
of	Physicians and	Professional	Leasing	Corp		
_		(Name of Corpora	tion)	· · · · · · · · · · · · · · · · · · ·		
	P08000094408	, a corpo	oration organ	iized unde	r the laws of the State of	
	(Document Number, if kno	own)	•			
	Florida	•				
			1			
		9				
		(Signature o	fresigning offi	cer/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