

PG90000 50652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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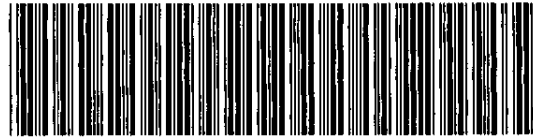
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. LEMIEUX

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resignation of Vice President, Albert A. Nestor, D.O.  
(Name of Corporation)

**DOCUMENT NUMBER:** Oaks Family Practice, P.A. - P09000050652

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

Please return all correspondence concerning this matter to the following:

Dr. Alessandro A. Giannini

(Name of Person)

Oaks Family Practice, PA

(Name of Firm/Company)

8620 S. Tamiami Trail, Ste. N-P

(Address)

Sarasota, FL 34238

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Alessandro A. Giannini

(Name of Person)

at ( 941 ) 918-4300 Ext. 101

(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

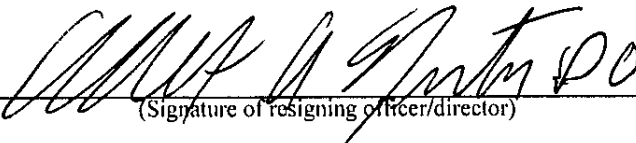
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Albert A. Nestor, D.O., hereby resign as Vice President  
(Title)

of Oaks Family Practice, PA  
(Name of Corporation)

PO9000050652, 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

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