

1090000 50652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200241793332

11/16/12--01016--015 **35.00

FILED
12 NOV 16 PM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 19 2012
2102 6 1 AM
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 at (941) 918-4300 Ext. 101
(Name of Person) (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

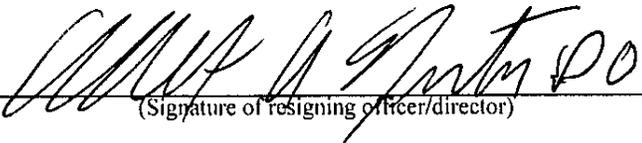
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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

FILED
12 NOV 16 PM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA