P09000068329

(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:

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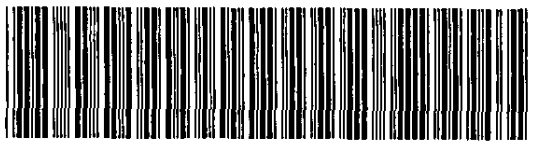

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Resignation of Officers

09/19/13--01006--004 **35.00

FILED
2013 SEP 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOR
9/20/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OFFICER RESIGNATION
(Name of Corporation)

DOCUMENT NUMBER: P09000068329

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

Please return all correspondence concerning this matter to the following:

RONALD FELDMAN
(Name of Person)

PODIATRY ASSISTANTS SERVICES INC
(Name of Firm/Company)

6850 CORAL WAY #208
(Address)

MIAMI FL 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

RONALD FELDMAN at (305) 668-5099
(Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2013 SEP 19 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MERCEDES CORZO, hereby resign as VICE PRESIDENT
(Title)

of PODIATRY ASSISTANTS SERVICES, INC.
(Name of Corporation)

P09000068329, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

X _____
(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