

PO9006068329

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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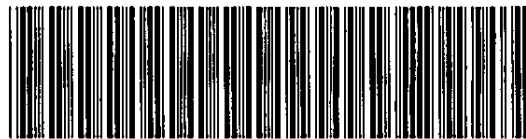
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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APR 17 2014

T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2014

MERCEDES CORZO  
PODIATRY ASSITANTS SERVICES, INC.  
6850 CORAL WAY #208  
MIAMI, FL 33155 US

SUBJECT: PODIATRY ASSISTANTS SERVICES, INC.  
Ref. Number: P09000068329

We have received your document for PODIATRY ASSISTANTS SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent cannot resign via an officer/director resignation application. I am enclosing a registered agent resignation application for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 914A00002368

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PODIATRY ASSISTANTS SERVICES, INC  
(Name of Corporation)

DOCUMENT NUMBER: PO 9000068329

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

Please return all correspondence concerning this matter to the following:

MERCEDES CORZO  
(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) 338-7972  
(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

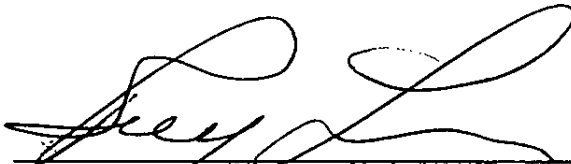
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, RONALD FELDMAN, hereby resign as PRESIDENT  
REGISTERED AGENT  
(Title)

of PODIATRY ASSISTANTS SERVICES, INC  
(Name of Corporation)

PO9000068329, 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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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