

PD9000075311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

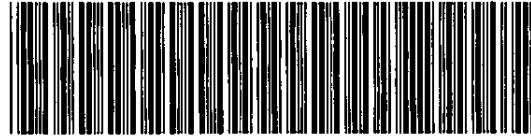
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB 21 2014
EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PREMIER HOSPITALISTS ALLIANCE, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P090000 75311

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

Please return all correspondence concerning this matter to the following:

ERNESTO G. ZAVALA
(Name of Person)

(Name of Firm/Company)

2042 SAILBOROUGH CT
(Address)

WINTER GARDEN, FL 34787
(City, State and Zip Code)

For further information concerning this matter, please call:

ERNESTO G. ZAVALA at (321) 303 5707
(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 6527
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED
AND
FILED

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

14 FEB 21 PM 3:14

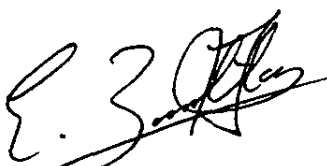
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ERNESTO G. ZAVALA, hereby resign as PRESIDENT
(Title)

of PREMIER HOSPITALISTS ALLIANCE, PA
(Name of Corporation)

P09000075311, 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