

P/0000034325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

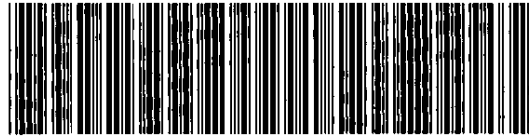
(Business Entity Name)

(Document Number)

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2010 MAY 27 P 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Design
Thurs
5-27-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brevard Physicians PA
(Name of Corporation)

DOCUMENT NUMBER: P10000034325

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

Please return all correspondence concerning this matter to the following:

Vinay Kumar

(Name of Person)

(Name of Firm/Company)

833 Barton Boulevard

(Address)

Rockledge, Florida 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

Vinay Kumar

(Name of Person)

at (321) 446-3633

(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

LAW OFFICE
MITCHELL S. GOLDMAN, P.A.
Attorneys and Counselors At Law

Mariner Square
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Fax (321) 639-9950

Email: mitch@mgoldmanlaw.com

Of Counsel:
Robert L. Beals, Esquire
Howze, Monaghan, Theriac & Kramer, PLC

May 21, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Brevard Physicians PA

Dear Sir/Madam:

With regard to the above referenced matter, enclosed please find the following:

1. Division of Corporations Cover Letter
2. Officer/Director Resignation
3. Trust Account Check in the amount of \$35.00 for filing fee

Should you have any questions, please do not hesitate to contact this office.

Thank you.



Chris Jackson, Assistant to
Mitchell S. Goldman, Esq.

Enclosure(s)

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

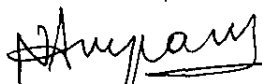
2010 MAY 27 P 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Anupama Nandivada, hereby resign as Director
(Title)

of Brevard Physicians, PA
(Name of Corporation)

P10000034325, 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