

P10000071078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

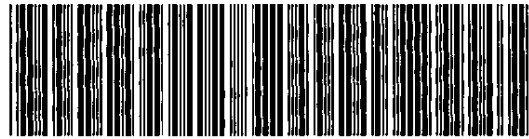
(Business Entity Name)

(Document Number)

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10/15/10--01023--009 **35.00

10 OCT 15 PM 3:36

O/D Resign.

10/15/10

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Physician's Injury Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P10000071078

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

Please return all correspondence concerning this matter to the following:

Bhavna Patel Pandya
(Name of Person)

(Name of Firm/Company)

7789 Belvoir Dr.
(Address)

Orlando FL 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

Bhavna Patel Pandya at (407) 523 1964
(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

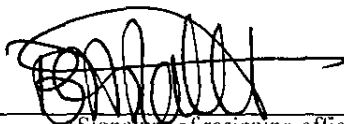
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Bhavana Patel Pandya, hereby resign as Vice President
(Title)

of Physician's Injury Center, Inc.
(Name of Corporation)

P10000071078, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

10 OCT 15 PM 3:36

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