

PI 0000074426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

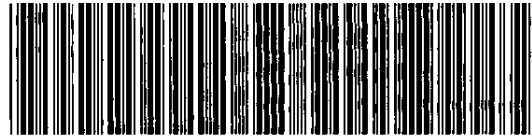
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

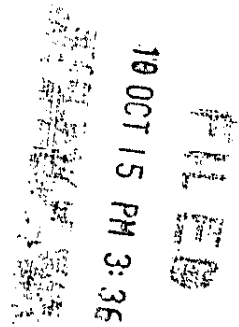
Special Instructions to Filing Officer:

Office Use Only



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10/15/10--01023--008 \*\*35.00



O/D Resign.  
10/15/10  
Dc

## COVER LETTER

TO: Amendment Section  
Division of Corporations

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

DOCUMENT NUMBER: P10000074426

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 Drive  
(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

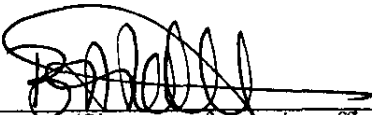
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Bhavna Patel Pandya, hereby resign as President  
(Title)

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

P10000074426, 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