## P10000086151

(Requestor's Name)		
(Nequestors Marrie)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, , ,		
(Document Number)		
,		
Certified Copies Certificates of Status		
Sertifica dopies		
Special Instructions to Filing Officer:		

Office Use Only



000319389390

10/16/18-+01054--020 \*\*35.00



oct 2" 2018

## TRANSMITTAL LETTER

(Area Code & Daytime Telephone Number)

Division of Corporations

SUBJECT: DOCTORS ALLIANCE GROUP CORP

(Name of Corporation)

DOCUMENT NUMBER: P10000086151

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Patrick J. Goggins, Esq.

(Name of Firm/Company)

319 Tyler Street, #1

(Address)

Hollywood, FL 33019

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick J. Goggins

at (305, 607-7888)

Amendment Section

(Name of Person)

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı.</sub> Patrick J. Goggins	, hereby resign as Manager (MNGR)
	(Title)
of DOCTORS ALLIANG	CE GROUP CORP
(Name of	Corporation)
P10000086151 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

I further state that the designation, made in the May 1, 2018 Annual Report, was made without my knowlege, authority, or consent.

Patrick Goggins Digitally signed by Patrick Goggins Date: 2018.10.12 13:00:03 -04'00'

(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