

PI 00000096999

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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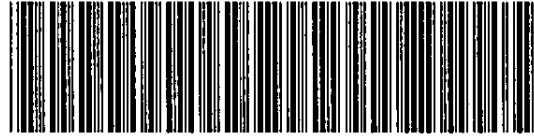
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S. HAWKES

DEC - 2012

EXAMINER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Physical Medicine of South Florida, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000096999

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

Please return all correspondence concerning this matter to the following:

Karen Murdoch  
(Name of Person)

Practice Results  
(Name of Firm/Company)

398 Camino Gardens Blvd., Ste. 102  
(Address)

Boca Raton, FL 33432  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Murdoch at ( 561 ) 392-3341  
(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 6327  
Tallahassee, FL 32314

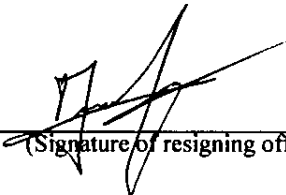
**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Pierre Marie Augustin, hereby resign as President  
(Title)

of Physical Medicine of South Florida, Inc.  
(Name of Corporation)

P10000096999, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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