

P12000054495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

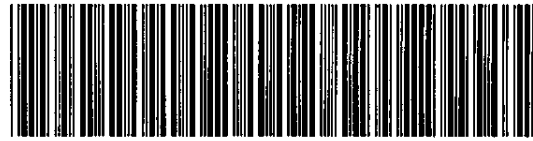
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/17/14--01009--004 **35.00

*Resignation
of officer*

FILED
2014 JUL 17 PM 2:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

*DR
7/30/14*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WESTON PHYSICAL MEDICINE, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P12-000054495

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

STEVEN GOODMAN
(Name of Person)

WESTON PHYSICAL MEDICINE, P.A.
(Name of Firm/Company)

1398 SW 160 AVE #102
(Address)

SUNRISE FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN GOODMAN at (954) 384-2925
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2014 JUL 17 PM 2:25

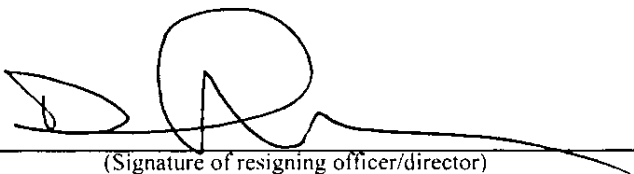
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
19

I, DEAN FISMAN, hereby resign as DIRECTOR
(Title)

of WESTON PHYSICIAN MEDICINE, P.A.
(Name of Corporation)

P12-000054495, 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