

P14 000021533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

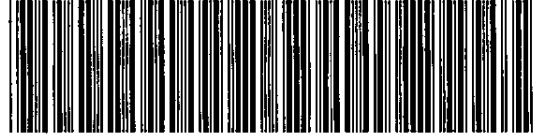
(Business Entity Name)

(Document Number)

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03/05/15--01019--010 \*\*105.00

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TALLAHASSEE, FLORIDA

O/D  
Resign.  
4/8/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2015

KAROLINA FERRIERA  
7100 W. CAMINO REAL, SUITE 121  
BOCA RATON, FL 33433

SUBJECT: MAXIM MENS CLINIC INC  
Ref. Number: P14000021533

We have received your document and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 515A00004883

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Maxim Mens Clinic Inc  
(Name of Corporation)

DOCUMENT NUMBER: P 14 0000 21533

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

Please return all correspondence concerning this matter to the following:

Lawrence Kipkow  
(Name of Person)

Maxim Mens Clinic  
(Name of Firm/Company)

21566 Arbor Way  
(Address)

Dover Station, FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Kipkow at (301) 300-7987  
(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

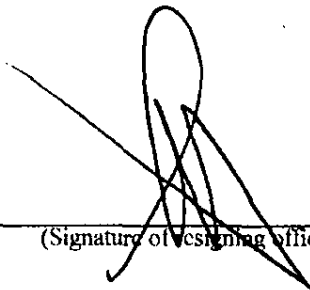
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Lawrence K Roka, hereby resign as President  
(Title)

of Maxim Mens Clinic Inc.  
(Name of Corporation)

P14000021533, a corporation organized under the laws of the State of  
(Document Number, if known)

Fla.

  
(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

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DEPARTMENT OF STATE