

P14000030379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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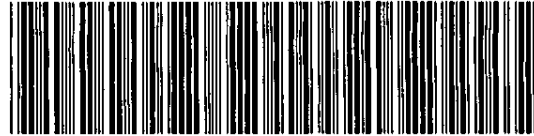
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **RESIGNATION OF OFFICER**

(Name of Corporation)

DOCUMENT NUMBER: **P14000030379**

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

Please return all correspondence concerning this matter to the following:

VERA STRICEVIC, MD

(Name of Person)

(Name of Firm/Company)

3709 WHIDBEY WAY

(Address)

NAPLES, FL 34119

(City/State and Zip Code)

For further information concerning this matter, please call:

VERA STRICEVIC, MD at **(239) 272-1299**

(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, MARK S. RUSSO, MD, PHD, hereby resign as PRESIDENT
(Title)

of TOTAL KIDNEY OVERSIGHT, PA,
(Name of Corporation)

P14000030379, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

15 JUN 12 21 3:54

FILED

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