

P/4000052136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

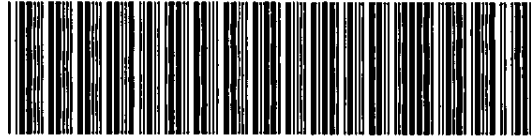
(Business Entity Name)

(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
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2015

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

SUBJECT: MAXIM MEN'S CLINIC MIAMI INC.
Ref. Number: P14000052136

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.

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: 315A00004884

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maxin Hess Clinic Miami, Inc
(Name of Corporation)

DOCUMENT NUMBER: P14000052136

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 Krakow
(Name of Person)

Maxin Hess Clinic Miami, Inc
(Name of Firm/Company)

21566 Arbor Way
(Address)

Boca Raton, FL 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence Krakow 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. Krow, hereby resign as President
(Title)

of Maxim Meis Clinic Miami Inc.
(Name of Corporation)

P 140052136, 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

FILED
15 APR -8 PM 3:48
DEPT. OF STATE
TALLAHASSEE, FLORIDA