

P14000055335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300283912553

03/30/16--01010--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 30 PM 4:12

APR 4 2016
C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Histology Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 14000055335

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

Please return all correspondence concerning this matter to the following:

Derrick Foren
(Name of Person)

Histology Solutions Inc.
(Name of Firm/Company)

1620 Medical Lane Suite 120
(Address)

Fort Myers FL 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

George Kalemeris at (239) 565-3004
(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 MAR 30 PM 4:12

I, Derrick Foren, hereby resign as Vice President
(Title)

of Histology Solutions, Inc.
(Name of Corporation)

A14000055335, 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