## P15000037708

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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Pimentel Neurology Clinical Practice Corp (Name of Corporation)  DOCUMENT NUMBER: EIN 47-3848688
DOCUMENT NUMBER: LLX 97-38 48 688
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Caroline Pérez-Rodriguez (Name of Person)
· · · · · · · · · · · · · · · · · · ·
Pinentel Neurology Clivical Practice Corp (Name of Firm(Company)
2154 NW 139 th Avenue (Address)
Pembroke Pives I-L 33028 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (787) 450-3542 (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

TO: Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Casolive Pesez , hereby resign as Offi	<u>Cer aud/or Director</u>
of <u>Pimentel Neurology Clinical Prac</u> P15000371(Name of Corporation) EIN 47-3848688	tice Corp.
(Document Number, if known), a corporation organized under the la	ws of the State of
FLorida.	
(Signature of resigning officer/director)	
	FILE 2016FEB-8 TALLAHASSI
FILING FEE IS \$35.00	8 PH I

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: