

P15000070702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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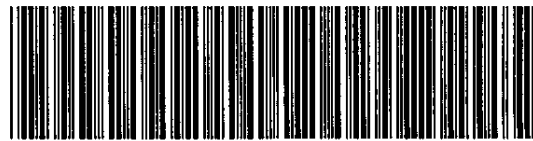
(Business Entity Name)

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TALLAHASSEE, FL 32301

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOCTOR POOL SUPPLY INC

(Name of Corporation)

DOCUMENT NUMBER: P15000070702

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

Please return all correspondence concerning this matter to the following:

ALEX D. SIRULNIK

(Name of Person)

ALEX D. SIRULNIK, P.A.

(Name of Firm/Company)

2199 PONCE DE LEON BLVD., SUITE 301

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEX D. SIRULNIK

(Name of Person)

at 305 443-7211

(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, JUAN ARZUAGA, hereby resign as VP
(Title)

of DOCTOR POOL SUPPLY INC
(Name of Corporation)

P15000070702, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

16 DEC 23 PM 1:06
TALLAHASSEE, FLORIDA

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