

P170000 57001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

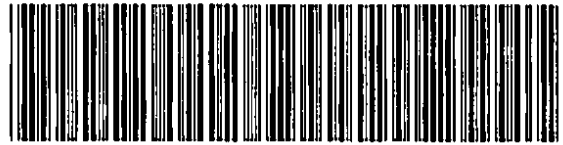
(Business Entity Name)

(Document Number)

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2019 APR 22 PM 1:22

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APR 25 2019  
I ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ALL ORTHOPEDIC SUPPLIES CORP  
(Name of Corporation)

DOCUMENT NUMBER: P17000057001

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

Please return all correspondence concerning this matter to the following:

Christina Pawlak  
(Name of Person)

RX Licensing & Accred  
(Name of Firm/Company)

10294 Wellington Parc Dr  
(Address)

Wellington FL 33449  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Pawlak at (561) 215 5067  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2019

CHRISTINA PAWLAK  
10294 WELLINGTON PARC DR  
WELLINGTON, FL 33449

SUBJECT: ALL ORTHOPEDIC SUPPLIES CORP  
Ref. Number: P17000057001

We have received your document for ALL ORTHOPEDIC SUPPLIES CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 419A00006388

RECEIVED

2019 APR 22 PM 3:00

STATE OF FLORIDA  
TALLAHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARIA COMPANIONI, hereby resign as 03/01/2019  
(Title)

of ALL ORTHOPEDIC SUPPLIES CORP  
(Name of Corporation)

D170000057001, a corporation organized under the ~~laws~~ of the State of  
(Document Number, if known)

FLORIDA

Maria Compani  
(Signature of resigning officer/director)

2019 MAR 11 11:22 AM  
PH 1:22

**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