

Florida Department of State
Division of Corporations
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Email Address: mgonzalezjd@stronghealthnetwork.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
WOUND CARE AND LIMB SALVAGE GROUP OF MIAMI PA**

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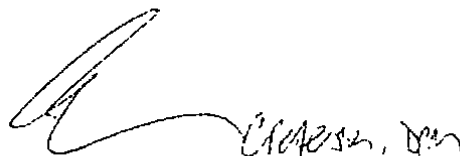
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Corporate Filing Menu

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Fax Audit No. H19000057364 3

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATIONI, Christopher Peterson, DPM, hereby resign as a Director
(Title)of Wound Care and Limb Salvage Group of Miami PA
(Name of Corporation)P19000001357, 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 32314FILED
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