

P93000053957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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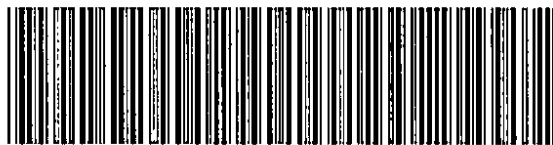
(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GREATER MIAMI NEPHROLOGY ASSOCIATES, P.A.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P93000053957  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Lawrence F. Michelson, Esq.  
\_\_\_\_\_  
(Name of Person)

Lawrence F. Michelson, P.A.  
\_\_\_\_\_  
(Name of Firm/Company)

10301 SW 69th Ave.  
\_\_\_\_\_  
(Address)

Miami, FL 33156  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence F. Michelson at ( 305 ) 661-8929  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Carl Goldsand, hereby resign as President and Director  
(Title)

of GREATER MIAMI NEPHROLOGY ASSOCIATES, P.A.  
(Name of Corporation)

P93000053957, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

*Carl Goldsand* Sep 3, 2020  
(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

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