

P93000076982

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(City/State/Zip/Phone #)

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OCT 8 2014

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Infectious Diseases Associates of Northwest Florida, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P93000076982

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

Please return all correspondence concerning this matter to the following:

Barbara H. Wade

(Name of Person)

Infectious Diseases Associates of Northwest Florida, P.A.

(Name of Firm/Company)

4300 Bayou Blvd., Suite 17B

(Address)

Pensacola, FL 32503

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara H. Wade

(Name of Person)

at (**850**) **912-8301**

(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

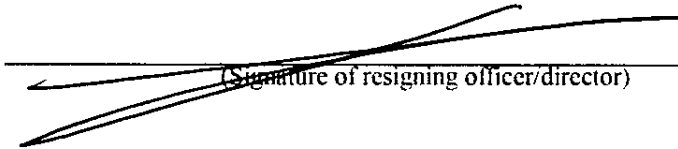
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Edgardo E. Li-Espino, hereby resign as Owner
(Title)

of Infectious Diseases Associates of Northwest Florida, P.A.
(Name of Corporation)

P93000076982, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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FILED

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