

P94000004586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

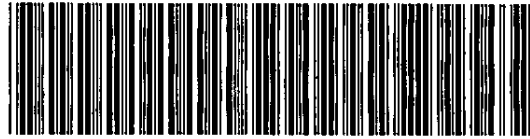
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 DEC -8 PM 3:26

C.L.
12-12-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cordova Ambulatory Surgical Center

(Name of Corporation)

DOCUMENT NUMBER: P94000004586

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

Please return all correspondence concerning this matter to the following:

Howell Martin

(Name of Person)

Cordova Ambulatory Surgical Center

(Name of Firm/Company)

545 Brent Lane

(Address)

Pensacola Florida 32503

(City/State and Zip Code)

For further information concerning this matter, please call:

Howell J Martin _____ at (850) 393-4386
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 DEC -8 PM 3:26

I, Elaine Fernandez, hereby resign as ST
(Title)

of Cordova Ambulatory Surgical Center, INC.
(Name of Corporation)

P94000004586, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Elaine M Fernandez
(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