

P940000/9709

Requestor's Name

David J. Caldarella, DPM



THE FLORIDA CENTER
FOR FOOT AND ANKLE DISORDERS

*Disease, Disorders and Injury of the
Foot, Ankle and Lower Leg
Children • Adults*

Office Use Only

C 3920 Bee Ridge Road
Building E, Suite D1
Sarasota, Florida 34233
Phone: (941) 926-1200
Fax: (941) 926-1600

BER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #) 100002495521--2
-04/21/98--01001--021
*****35.00 *****35.00
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

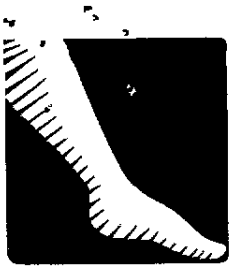
REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

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4-21-98

Examiner's Initials

NTJ



THE FLORIDA CENTER FOR FOOT AND ANKLE DISORDERS

*Disease, Disorders and Injury of the Foot, Ankle and Lower Leg
Children • Adults*

*David J. Caldarella, DPM
Director of Services*

*Specializing in surgery of
the foot and ankle*

April 15, 1998

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

To Whom It May Concern:

Please accept this letter as a matter of record that I, David J. Caldarella, seek to resign from the position of President of Physician Folio-Pharma, Inc immediately and retroactive to the date which the corporation placed my name without authorization.

As a matter of record, I have not authorized any one at anytime to submit and file this corporation and list me as President or any other officer or director of the company.

Please send to me a written verification of this resignation at your earliest convenience. I have enclosed a check for 35.00 as directed and enclosed.

Respectfully yours,

David J. Caldarella, DPM

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and Ankle Disorders
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