

P9400032716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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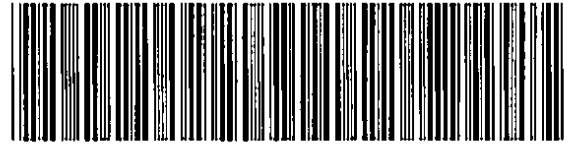
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Center for Bone & Joint Surgery of the Palm Beaches, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P94000032716

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

Please return all correspondence concerning this matter to the following:

Zulma Bauzo

(Name of Person)

Center for Bone & Joint Surgery of the Palm Beaches, P.A.

(Name of Firm/Company)

10131 Forest Hill Blvd Ste 230

(Address)

Wellington, FL 33414-6109

(City/State and Zip Code)

For further information concerning this matter, please call:

Zulma Bauzo

(Name of Person)

at (561) 803-8616

(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

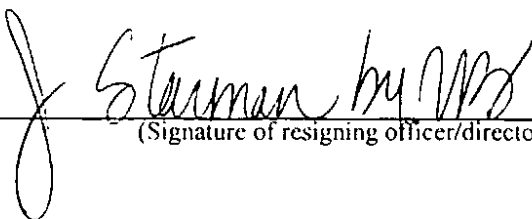
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, James S. Starman, MD, hereby resign as Chairman
(Title)

of Center for Bone & Joint Surgery of the Palm Beaches, P.A.
(Name of Corporation)

P94000032716, 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

FILED
18 DEC 10 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314