

P94000043189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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FEB 13 2019

ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

FILING CANCELLED
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SUBJECT: Change in Ownership
(Name of Corporation)

DOCUMENT NUMBER: P94000043189

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

Please return all correspondence concerning this matter to the following:

Amilcar Perez

(Name of Person)

Physician Specialty Group, INC

(Name of Firm/Company)

7949 NW 2nd Street

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Amilcar Perez at (786) 370-2109
(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**

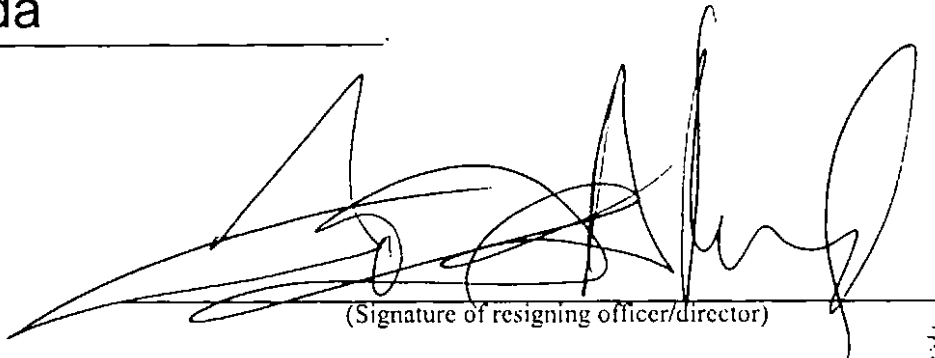
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I, Jose Allende, hereby resign as President
(Title)

of Physician Speciaty Group, INC
(Name of Corporation)

P94000043189, 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

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

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

FILED
2019 FEB -7 PM 5:10
TALLAHASSEE, FLORIDA