## P94000047788

(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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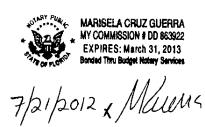
12 OCT -9 PM 1:54

SECRETARY OF STATE IVISION OF CORPORATIONS

OCT 1 0 2012 T. ROBERTS

## **COVER LETTER**

SUBJECT: Physician Offices of	Florida City (Name of Corporation)
DOCUMENT NUMBER: P940	00047788
-	
The enclosed Officer/Director Resignation	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
Ira Wellisch	
(Name of Perso	on)
Physician Offices of Florida City	
(Name of Firm/Con	npany)
646 West Palm Drive	
(Address)	
Florida City, FL 33034	
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
Ira Wellisch	at ( 305 ) 242-0883 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



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TO:

Amendment Section Division of Corporations

12 OCT -9 PH 1: 54

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Adam M. Stuart	, hereby resign as President	
	(Title)	
of_ Physician Offices of Florida (Nam	City e of Corporation)	
P94000047788 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	
	Adam M. Stuart, M.D.	
•	(Signature of resigning officer/director)	

## **FILING FEE 1S \$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



7/21/2012 x Maieric