

P94000053732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800081076928

*Resignation
to officer*

10/23/06--01012--014 **35.00

FILED
2006 OCT 23 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ADP
10/24/06*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ULTRASOUND MEDICAL & DENTAL INSTITUTE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P 940000 53732

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

Please return all correspondence concerning this matter to the following:

Anthony D Ferri Sr
(Name of Person)

ULTRASOUND MEDICAL & DENTAL INSTITUTE, INC.
(Name of Firm/Company)

1177 Hypoluxo Road, Suite 201
(Address)

Lantana, FL 33462
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara L Ferri at (561) 585 4625
(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

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED

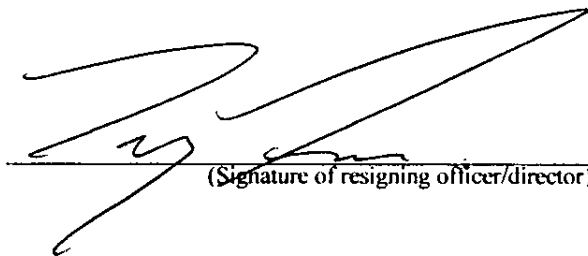
2006 OCT 23 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Anthony D Ferri Jr, hereby resign as OFFICER (M)
(Title)

of ULTRASOUND MEDICAL & DENTAL INSTITUTE, INC.
(Name of Corporation)

P94000053732, a corporation organized under the laws of the State of
(Document Number, if known)


(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