

P95000060927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

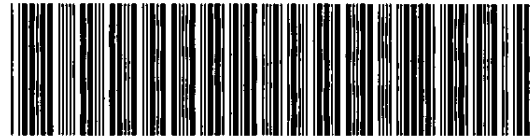
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
JULIENNE S. SPOONER

C. LEWIS

AUG 18 2014

EXAMINER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pediatric Associates of Ocala, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000060927

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

Please return all correspondence concerning this matter to the following:

Stephanie Shealy Harrell  
(Name of Person)

Pediatric Associates of Ocala, P.A.  
(Name of Firm/Company)

2725 SE Maricamp Road  
(Address)

Ocala, FL 34471  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Harrell at 352, 369-8700  
(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

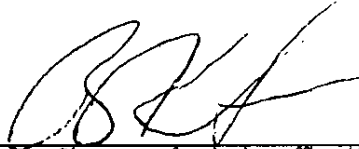
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
14 AUG -7 PM 3:40

I, Bruce H. Kraut, hereby resign as President / owner  
(Title)

of Pediatric Associates of Ocala, P.A.,  
(Name of Corporation)

P95000060927, 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