

P95000098030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

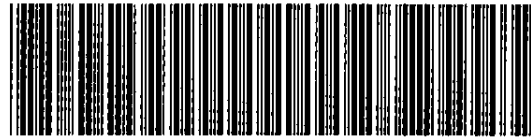
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

12-29-10



300188926923

FILED

2010 DEC 23 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/23/10--01031--001 **35.00

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACCENT PHYSICIAN SPECIALISTS
(Name of Corporation)

DOCUMENT NUMBER: P95000098020

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

Please return all correspondence concerning this matter to the following:

BRUCE A MAST

(Name of Person)

ACCENT PHYSICIAN SPECIALISTS

(Name of Firm/Company)

4340 NEWBERRY RD. STE 301

(Address)

GAINESVILLE, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER G ATYEO at (352) 271.5370
(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**

I, BRUCE A MAST, hereby resign as PRESIDENT / Shareholder/Owner
(Title) *Bruce Mast*
of ACCENT PHYSICIAN SPECIALISTS, P.A.
(Name of Corporation)

P95000098020, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Bruce Mast
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 23 AM 9:34

FILED

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