

P96000005153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

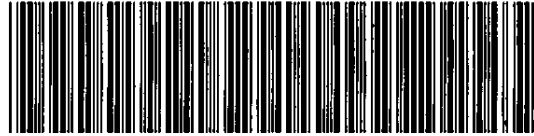
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD Res.

Sf

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family Pediatrics, PA

(Name of Corporation)

DOCUMENT NUMBER: P96000005153

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

Please return all correspondence concerning this matter to the following:

Raquel M. Arrazola

(Name of Person)

Family Pediatrics, PA

(Name of Firm/Company)

311 Ne 8Th Street #109

(Address)

Homestead, FL 33030

(City/State and Zip Code)

For further information concerning this matter, please call:

Raquel M Arrazola

(Name of Person)

at (305) 528-8921

(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

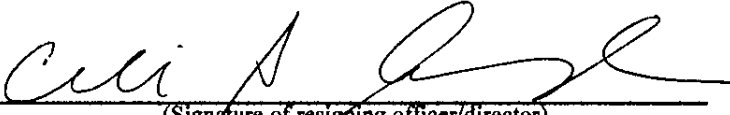
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Celia I. Arrazola, hereby resign as Vice President
(Title)

of Family Pediatrics, PA
(Name of Corporation)

P96000005153, 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

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TALLAHASSEE, FLORIDA