

P96 000 103446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

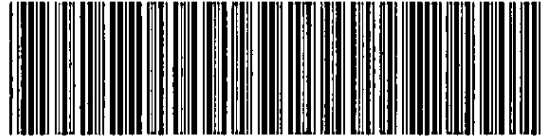
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Anesthesia Associates, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P96000103446

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

Please return all correspondence concerning this matter to the following:

Jose M. Campoamor c/o Frank Campoamor

(Name of Person)

Holmes Fraser, P.A.

(Name of Firm/Company)

711 5th Ave. S., Suite 200

(Address)

Naples, FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Campoamor, Esq.

239

228-7267

(Name of Person)

at ()

(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:

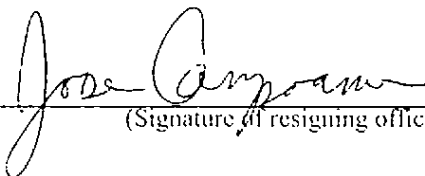
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jose M. Campoamor, hereby resign as President and Director
(Title)

of First Anesthesia Associates, Inc.
(Name of Corporation)

P96000103446, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

2021 FEB -4 PM 3:40

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