P97000018134

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COVER LETTER

SUBJECT: Robert C. Sheppind, M.D. P.A.

(Name of Corporation)

DOCUMENT NUMBER: P970001813H

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Robert Sheppind M.D.

(Name of Person)

Robert C. Sheppind M.D.

(Name of Person)

Robert C. Sheppind M.D.

(Name of Firm/Company)

560 Tockson St. N. Sorte 100

(Address)

St. Pelesburg F1 33705

(City/State and Zip Code)

For further information concerning this matter, please call:

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Ina Sheppard	, hereby resign as Vice President Treasure (Title)
of Robert C. St.	ne of Corporation), M.D. P.A.
P9700018134 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

(Signature of resigning officer/director)

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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