

P97000035276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

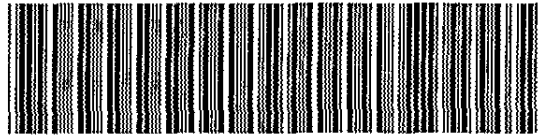
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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old Resign-

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DC

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEUROLOGICAL SERVICES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000035276

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 BUCKHANNON, PRESIDENT

(Name of Person)

NEUROLOGICAL SERVICES, INC

(Name of Firm/Company)

4400 S TAMIAMI TRAIL

(Address)

SARASOTA FL 34231

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT BUCKHANNON, PRESIDENT at ( 941 ) 228-1405

(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  
409 E. Gaines Street  
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, TANYA BUCKHANNON, hereby resign as CEO  
(Title)

of NEUROLOGICAL SERVICES, INC.  
(Name of Corporation)

P97000035276, 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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DIVISION OF CORPORATIONS  
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