

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

CATARACT & LASER SURGERY CENTER, INC.

Certificate of Status	0
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FAX AUDIT NO.: H0800Q138207 3

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOHN W. SNEAD, M.D., hereby resign as Director and Vice President
(Title)

of CATARACT & LASER SURGERY CENTER, INC.
(Name of Corporation)

P97000089118, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)
JOHN W. SNEAD, M.D.

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Assessment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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