# P97000088009

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



800263343518

09/26/14--01023--004 \*\*35.00

TALLAHASSEETT 3: 5

0CT 0 8 2014 T. CARTER



#### TRANSMITTAL LETTER

TO: Amendment Section
Conference one supplies a service of the service of
SUBJECT: FISS, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P97000088009
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Natalie Frazier

(Name of Person)

#### Florida Orthopaedic Institute

(Name of Firm/Company)

#### 13020 N Telecom Pkwy

(Address)

### Temple Terrace, Fl 33637

(City/State and Zip Code)

For further information concerning this matter, please call:

Natalie Frazier (Area Code & Daytime Telephone Number)

(Name of Person)

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 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 SEP 26 PM 3: 58

, Bre tt M Bolhofne	er, MD , hereby resign as Director
	(Title)
$_{ m of}$ FISS, Inc	
	ame of Corporation)
P97000088009	, a corporation organized under the laws of the State of
(Document Number, if known)  Florida	
g	7 1 B1.

**FILING FEE IS \$35.00** 

(Signature of resigning officer/director)

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

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