

P97000100240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

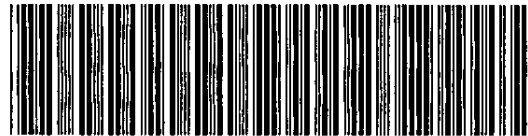
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 23 2013
T. LEMIEUX

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ramona Arias M.D. P.A.
(Name of Corporation)

DOCUMENT NUMBER: P97000100240

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

Please return all correspondence concerning this matter to the following:

Ramona Arias M.D.

(Name of Person)

Ramona Arias M.D. P.A.

(Name of Firm/Company)

4880 49th Street North

(Address)

Saint Petersburg FL 33709

(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio Santiago

(Name of Person)

at (727) 526-9019

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Olivia E Santiago, hereby resign as CFO
(Title)

of Ramona Arias M.D., P.A.
(Name of Corporation)

P97000100240, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Olivia E Santiago
(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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