# P98000056730

1700 Medical Lane Ft. Myers, Florida 33907 (941) 939-4144

# from desk of Gez Agolli

July 12, 1999

Division of Corporations Amendments Section PO Box 6327 Tallahassee, Fl. 32314

300002977223---0 -09/02/99--01001--012 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Reference: Resignation of Gez Agolli retroactive October 30th 1999 Pines Medical, Inc.

To whom it may concern;

I would like to inform you that on October<sup>th</sup> 15, 1998 I Gez Agolli, Treasurer/Director of Pines Medical, Inc officially resigned from all duties. Lucille Barselou was instructed to advise amendments that Mathew Burkes, MD and I officially resigned. Please update your records accordingly to reflect that myself and Dr. Burkes have resigned from said corporation.

Thank you for your prompt attention to this matter.

Sincerely

Gez Agol

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SECRETARY OF BTATE
AND ANASSEE, FLORIDA

of wing

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#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 27, 1999

GEZ AGOLLI 1700 MEDICAL LANE FORT MYERS, FL 33907

SUBJECT: PINES MEDICAL, INC. Ref. Number: P98000056730

We have received your document for PINES MEDICAL, INC. and check(s) totaling \$30.00. However, your check(s) and document are being returned for the following:

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis Corporate Specialist Supervisor

Letter Number: 999A00038237

S/16/99
The filing fee is \$35.00 the check.
The filing fee is \$35.00 the check.
For \$30 was not returned, only
for \$5.00 was enclosed.
The check for \$5.00 was enclosed.

TLL

## OFFICER / DIRECTOR RESIGNATION



Ι,	Ger Agold	<u>L</u>	, hereby resign as	Taggurer (Title)	/ Briefos
of	Pines	Medico (Name of Cor			· · · · · · · · · · · · · · · · · · ·
a corporation	organized under the law	s of the State o	of <u>Florida</u>	?	
and affirm tha	at the corporation has been	n notified in v	vriting of the resignat	ion.	
			Perffell	V).	
		(Signature of	resigning officer/directo	r)	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314