

P98000067294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

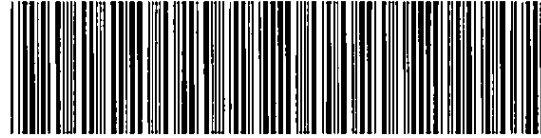
(Business Entity Name)

(Document Number)

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03/08/19--01008--015 **35.00

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2019 MAR -8 A 10 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 19 2019
T. LEMIEUX

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Beach Neurology
(Name of Corporation)

DOCUMENT NUMBER: P98000067294

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

Please return all correspondence concerning this matter to the following:

Carol Jerrell
(Name of Person)

Palm Beach Neurology
(Name of Firm/Company)

4631 N. Congress Ave #200
(Address)

West Palm Beach Fl. 33407
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Jerrell at (561) 296-3870
(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
2661 Executive Center Circle
Tallahassee, FL 32301

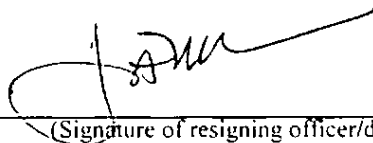
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jose A. Zuniga, hereby resign as VP.
(Title)

of Palm Beach Neurology
(Name of Corporation)

198000067294, 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

2019 MAR -8 A 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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