

P980000 80754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

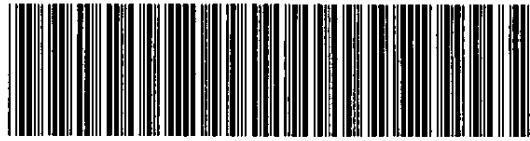
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Faith A. Sarfarazi, M.D. P.A.

(Name of Corporation)

**DOCUMENT NUMBER:** P98000080754

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

Please return all correspondence concerning this matter to the following:

**Ariana Sarfarazi**

(Name of Person)

(Name of Firm/Company)

**14 Clee Court**

(Address)

**Palm Coast, Florida 32137**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Ariana Sarfarazi**

(Name of Person)

at ( **352** ) **817-4987**

(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, Ariana Sarfarazi, hereby resign as Officer/Director  
(Title)

of Faith A. Sarfarazi, M.D. P.A.  
(Name of Corporation)

P8000080754, 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

FILED  
15 JUN 15 AM 7:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA