P99000050683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

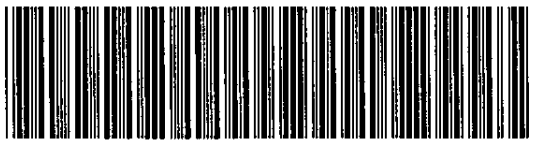
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600236227196

06/15/12--01007--009 **35.00

12 JUN 15 AM 11:04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OD/RES
@ 6/18/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pediatric Providers of South Florida MD PA.
(Name of Corporation)

DOCUMENT NUMBER: P99000050683.

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

Please return all correspondence concerning this matter to the following:

Alejandro Fernandez.
(Name of Person)

Pediatric Providers of South Florida MD. PA
(Name of Firm/Company)

464 West 51 PL.
(Address)

Hialeah, FL 33012.
(City/State and Zip Code)

For further information concerning this matter, please call:

Luz. S. Monyon. at (954) 534-6804.
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Jorge L. Cabrera, hereby resign as Director
(Title)

of Pediatric Providers of South Florida M.D.P.A
(Name of Corporation)

P99000050683, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 15 AM 11:04

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