

P99000050083

(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



200236227212

06/15/12--01007--008 **35.00

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

OD/RES
10 4/18/12

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 Place
(Address)

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

For further information concerning this matter, please call:

Luz S. Morayon 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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Brigida Cabrera, hereby resign as _____
(Title)

of Pediatric Providers of So. Fla.
(Name of Corporation)

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

Brigida Cabrera
(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 15 AM 11:04