

P99000056415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

OLD Res.
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Officer / Director Resignation for a Corporation
(Name of Corporation)

DOCUMENT NUMBER: P99000056415

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

Please return all correspondence concerning this matter to the following:

Franklin D. Saumell M.D.
(Name of Person)

Dr Office INC.
(Name of Firm/Company)

10744 SW 24th Street
(Address)

Miami, FL 33165
(City/State and Zip Code)

For further information concerning this matter, please call:

Franklin D. Saumell M.D. at (305) 207 0187
(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, Carmen F. Saumell, hereby resign as President, treasurer and Director
(Title)

of Dr. OFFICE INC.
(Name of Corporation)

P99000056415, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Carmen F. Saumell
(Signature of resigning officer/director)
Carmen F. Saumell

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

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