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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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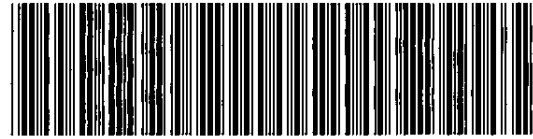
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@ 11/23/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Emerald Coast Dermatology and Skin Surgery Center, P.A.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

David C. Adams
(Name of Person)
Emerald Coast Dermatology
and Skin Surgery Center, P.A.
(Name of Firm/Company)

350 W. Redstone Ave.
(Address)

Crestview, FL 3536
(City/State and Zip Code)

For further information concerning this matter, please call:

Sabrina Leshner, OM at (850) 689.1740
(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, David C. Adams, hereby resign as Officer (Vice-President)
(Title)
of Emerald Coast Dermatology and Skin Surgery Center, P.A.
(Name of Corporation)

_____, 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

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