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(Requ	iestor's Name)	
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Special Instructions to Filing Officer:		

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### TRANSMITTAL LETTER

#### TO: Amendment Section Division of Corporations

MDR ADVANCED MEDICAL ASSOCIATES, INC. SUBJECT:

(Name of Corporation)

DOCUMENT NUMBER: P99000099220

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

Please return all correspondence concerning this matter to the following:

Robert J. Longchamps

(Name of Person)

The Law Offices of Robert J. Longchamps, PLLC

(Name of Firm/Company)

4440 PGA Boulevard, Suite 600

(Address)

Palm Beach Gardens, Florida 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

 Robert J. Longchamps
 561
 623-5350

 (Name of Person)
 (Area Code & Daytime Telephone Number)

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

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## FILED OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2022 JAN 11 PM 1:03

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### CEECHELASITUE STATE THILTHATSEELENT

I	MARK P. DIROMA, her	, hereby resign as	President, Treasurer and Director	
		,	(Title)	
of	MDR ADVANCE	ED MEDICAL ASSOCIATES, INC.		
<u>оп</u>	(Name of Corporation)			
	P99000099220	a corporation organized und	ler the laws of the State of	
, a corporation organized under the laws of the Stat (Document Number, if known)			er me laws of the State of	
Florid	a			
		<sup>,</sup>		

gnature 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