

P100000 35159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

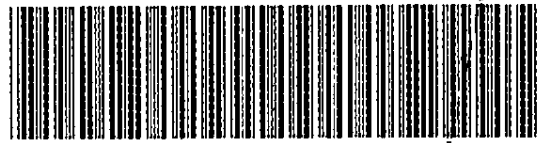
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900322852169 ✓

03/20/19 - 01/11/2019 6:57:57

S TALLENT
JAN 31 2019

FILED
19 JAN 26 PM 12:57

OLD-Re sign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sebring Medical Group, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P10000035159

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

Please return all correspondence concerning this matter to the following:

Clifford R. Rhoades
(Name of Person)

Clifford R. Rhoades, P.A.
(Name of Firm/Company)

2141 Lakeview Drive
(Address)

Sebring, FL 33870
(City/State and Zip Code)

For further information concerning this matter, please call:

Clifford R. Rhoades at (863) 385-0346
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

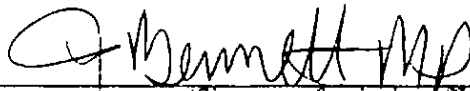
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jennifer L. Bennett, M.D., hereby resign as VP and Director
(Title)

of Sebring Medical Group P.A.
(Name of Corporation)

P10000035159, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

19 JAN 24 PM 12:57
FILED

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