

P090000013402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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900235048729

*Resignation  
to officer*

05/18/12--01019--014 \*\*70.00

2012 MAY 18 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*ppp  
5/23/12*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: VITY MEDICAL CENTER CORP.  
(Name of Corporation)

DOCUMENT NUMBER: 709000013402

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

Please return all correspondence concerning this matter to the following:

ERIKA WILBANK  
(Name of Person)

VITY MEDICAL CENTER CORP.  
(Name of Firm/Company)

5841 DAHLIA DRIVE  
(Address)

ORLANDO, FLORIDA 32807  
(City/State and Zip Code)

For further information concerning this matter, please call:

ERIKA WILBANK at ( 407 ) 731-3615  
(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

Enclosed is  
\$70.00 to pay for  
an amendment to  
the articles of  
incorporation and  
the resignation officer

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

FILED

2012 MAY 18 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, WILLIAM A. HALL, hereby resign as PRESIDENT  
(Title)

of VITY MEDICAL CENTER CORP.  
(Name of Corporation)

909000013402, 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