

276657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

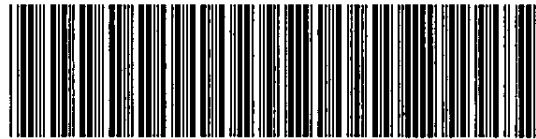
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Hickory Medical Building
(Name of Corporation)

DOCUMENT NUMBER:

276657

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARL T. KAMINSKI

(Name of Contact Person)

Hickory Medical Building

(Firm/Company)

302 E. Melbourne Ave

(Address)

Melbourne, FL 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

Pam Kaminski

(Name of Contact Person)

at 321, 723-3113

(Area Code & Daytime Telephone Number)

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARY B. GAYDEN hereby resign as Sec/TRES
Registered Agent
(Title)
of Hickory Medical Building, Inc.
(Name of Corporation)
276657, a corporation organized under the laws of the State of
(Document Number, if known)
FL

X Mary B. Gayden
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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