

748142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. LEMIEUX

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premier Community HealthCare Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 748142

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

Please return all correspondence concerning this matter to the following:

Donna B. DeLong

(Name of Person)

Premier Community HealthCare Group, Inc.

(Name of Firm/Company)

P.O. Box 232

(Address)

Dade City, FL 33526

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna B. DeLong at (352) 518-2000 ext 9014
(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, Kim Schuknecht, hereby resign as CEO
(Title)

of Premier Community HealthCare Group, Inc.
(Name of Corporation)

748142, 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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TALLAHASSEE, FLORIDA

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