

F03966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

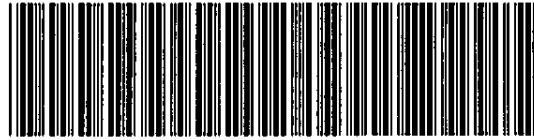
(Business Entity Name)

(Document Number)

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*Resignation  
officer*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JAN 16 PM 4:49

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2008 JAN 16 PM 4:44

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

*1/16/08*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** North Florida Women's Health and Counseling Services, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F 03966

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

Please return all correspondence concerning this matter to the following:

Marcia Northcutt

(Name of Person)

North Florida Women's Health and Counseling Servi

(Name of Firm/Company)

1345 Cross Creek Circle

(Address)

Tallahassee, Florida 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Renee Mitchell

(Name of Person)

at ( 850 ) 531-6372

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

08 JAN 16 PM 4:49

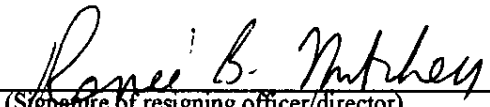
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Renee Mitchell, hereby resign as President-Director  
(Title)

of North Florida Women's Health and Counseling Services, Inc.  
(Name of Corporation)

F 03966, 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