F04000006787

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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OD Pes.

COVER LETTER

Division of Corporations
SUBJECT: TMG HEALTH, JNC. (Name of Corporation)
DOCUMENT NUMBER: F04 00000 6787
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SUZAJNE M. MACPHERSON (Name of Person)
(Name of Firm/Company)
(Name of Firm/Company)
150 5. WARNER RD (Address)
(Address)
King OF Prussia, Pa 19406 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
SUZALIJE M. MACPHENSON at (610) 944-8440 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Clta</u>	USTOPHER J. C	HURCHILL	, hereby resign as	SECRE	(Title)	
of		HEALTH, J				
	0000 6187 ment Number, if known)	, a corp	oration organized und	ler the laws of	the State of	
DEL	AWARE	·				
		lle		-		
		(Signature o	f resigning officer/director	or)	ALLAIN	TI
					MAR 20 F	1 1
					F STA	-

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

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