

F05000005396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800211303748

09/01/11--01007--016 **35.00

FILED
11 SEP -1 AM 9:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

ODP

9/1/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Officer Resignation
(Name of Corporation)

DOCUMENT NUMBER: F05000005396

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

Please return all correspondence concerning this matter to the following:

Karmen Stowe

(Name of Person)

American Outcomes Management, L.P.

(Name of Firm/Company)

5009 South Hulen Street, Suite 107

(Address)

Fort Worth, TX 76132

(City/State and Zip Code)

For further information concerning this matter, please call:

Karmen Stowe

(Name of Person)

at (800) 556-4246 x 1003

(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, Kevin O'Connor, hereby resign as Vice-President

(Title)

of American Outcomes Management, Inc. of New York
(Name of Corporation)

F05000005396, a corporation organized under the laws of the State of
(Document Number, if known)

Delaware

Kevin O'Connor
(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

FILED
11 SEP - 1 AM 9:55
TALLAHASSEE
FLORIDA