

F61359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Resign,

2-7-12

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South Fla. Geriatric Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F 61359

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

Please return all correspondence concerning this matter to the following:

Beth Ann Badger
(Name of Person)

South Fla. Geriatric Center, Inc.
(Name of Firm/Company)

157 Atlantis Blvd. #302
(Address)

Atlantis, Fla. 33462
(City/State and Zip Code)

**Betty Ann Badger
157 Atlantis Blvd #302
Atlantis, Fla. 33462-1166**

For further information concerning this matter, please call:

Betty Ann Badger at (561) 934-4145
(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, Betty Ann Halper, hereby resign as PTD
(Title)
of South Florida Geriatric Center, Inc.
(Name of Corporation)

F 61359, a corporation organized under the laws of the State of
(Document Number, if known)
Fla.

Betty Ann Halper
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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