## F9900005039

(Requestor's Name)	_			
(Address)	<del></del>			
(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



400260852884

4 JUN 11 PH 3: 28

14 JUN 11 AM III: 25

Resign.
6-12-14



ACCOUNT NO. : 12000000195

REFERENCE: 171823 4324255

AUTHORIZATIO	NC
--------------	----

COST LIMIT

ORDER DATE: June 10, 2014

ORDER TIME : 8:47 AM

ORDER NO. : 171823-015

CUSTOMER NO: 4324255

## FOREIGN FILINGS

XX CORPORATE

NAME: USIMC OF WEST VIRGINIA,

MEDICAL CORPORATION

		PARTNERSI LIABILIT		ď		
XXXX AM	ENDMENT					
PLEASE	RETURN	THE FOLL	OWING AS	PROOF	OF FILING:	
XX	PLAIN	IED COPY STAMPED ( ICATE OF		ANDING	<b>;</b>	
CONTACT	PERSON	: Emily	Gray	EXT#	62925	
			E	KAMINE	R:	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Jeffrey Petrick	, hereby resign as Secreta	cretary		
of West Vi	rginia, Medical Corpoi	(Tide)		
E99000005039	of Corporation)	of the State of		
West Virginia				
$\bigcap g_{R}$	A Letuck			
— JIQ	Signature of resigning officer/director)	_ <b>;;;</b>		
1	FILING FEE IS \$35.00	කු සි යු යු		

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

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

28