

H67505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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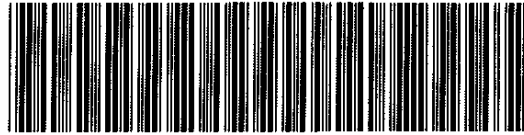
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Collection & Management Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: H67505

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

Please return all correspondence concerning this matter to the following:

Douglas L. Benning
(Name of Person)

Medical Collection & Managment Services, Inc.
(Name of Firm/Company)

P.O. Drawer 1247
(Address)

Mango, FL 33550-1247
(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Benning at (813) 767-6898
(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

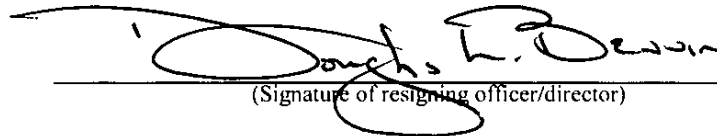
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Douglas L. Benning, hereby resign as Executive Director
(Title)

Medical Collection & Management Services, Inc.
of _____
(Name of Corporation)

H67505
(Document Number, if known), a corporation organized under the laws of the State of
Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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