

K16449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

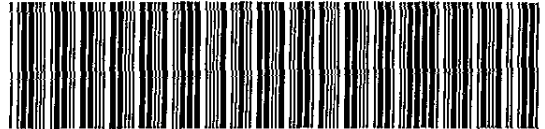
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/25/03--01024--019 **70.00

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SECRETARY OF STATE
TAMPA, FLORIDA

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O/O Foreign.

Jm

12/1/03

JOHN L. GIOIELLO, P.A.

ATTORNEY AND COUNSELOR AT LAW

JOHN L. GIOIELLO, ESQ.

Street Address:
404 Jenks Avenue
Panama City, FL 32401

Telephone: (850) 763-9006

Mailing Address:
P.O. Box 1987
Panama City, FL 32402

Facsimile: (850) 785-86.

September 23, 2003

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

RE: Bay Walk-In Clinic
Document No.: K16449
Our File No.: 1544.1528

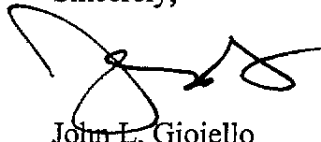
Dear Sirs:

Enclosed please find the original and one copy of Transmittal Letter for Officer/Director Resignation and the original and one copy of the Transmittal Letter for Statement of Change of Registered Agent with regard to the above matter. We also enclose our check in the amount of \$70.00 for your filing fee.

We would greatly appreciate you forwarding us a filed copy in the self-addressed stamped envelope enclosed herewith.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



John L. Gioiello

JLG/dmw
Enclosures: as stated

cc: Sherry Stone

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay Walk-In Clinic, Inc.
(Name of Corporation)

DOCUMENT NUMBER: K16449

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

Please return all correspondence concerning this matter to the following:

Sherry Stone

(Name of Person)

Bay Walk-In Clinic, Inc.

(Name of Firm/Company)

2306 Highway 77

(Address)

Panama City, FL 32405

(City/State and Zip Code)

For further information concerning this matter, please call:

Sherry Stone

(Name of Person)

at (850) 763-9744

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 1, 2003

SHERRY STONE
BAY WALK-IN CLINIC, INC.
2306 HIGHWAY 77
PANAMA CITY, FL 32405

SUBJECT: BAY WALK-IN CLINIC, INC.
Ref. Number: K16449

Thank you for your letter of 9/23/03 and check(s) totaling \$70.00, however the enclosed is being returned for the following:

There was no officer/director resignation application or letter enclosed. I have enclosed the appropriate application for your convenience.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6027.

Michelle Milligan
Document Specialist

Letter Number: 503A00053924

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DIVISION OF CORPORATIONS

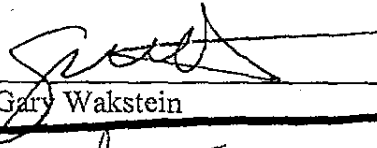
Dr. Sherry Stone
2306 Highway 77
Panama City, FL 32405

RESIGNATION AND ACKNOWLEDGMENT

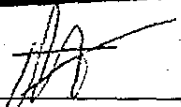
THE UNDERSIGNED, individually, hereby tender our respective resignations to BAY WALK-IN CLINIC, INC., (the "Corporation") as either Director or Officer, or both, of said corporation, effective this date.

Each of us, individually, and on behalf of any corporation, partnership, or other legal entity in which we have an interest, hereby acknowledge to the Corporation that all indebtedness owed to us, individually, has been paid in full. This acknowledgment is singular to each of the undersigned and no representation is made by any of us as to any debts owed any other party signing this Resignation and Acknowledgment.

Dated this 15th day of September, 2003



Gary Wakstein



Bill Hutto

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA