## L03000008599

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	<u> </u>
(Cit	ty/State/Zip/Phone #	<i>t</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/20/04--01058--002 \*\*25.00



## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Alan S. Graubert, MD, hereby resign as member.
(Time)
of Doctor Care Holding, LLC (Limited Liability Company)
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida,
and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

## FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314