

LB3 0000 27816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

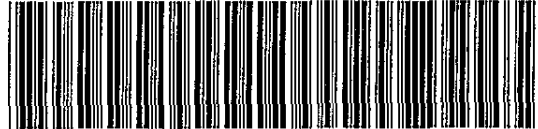
(Business Entity Name)

(Document Number)

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10/27/03--01048--015 \*\*35.00

LB-27816  
OK

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MASSACHUSETTS GENERAL SURGERY CENTER LLC

**DOCUMENT NUMBER:** L03000027816

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing  
Please return all correspondence concerning this matter to the following:

JAMES W. DAVIS

MASSACHUSETTS GENERAL SURGERY CENTER LLC

18124 EDGEWOOD D SPRING HILL FL 34610  
For further information concerning this matter, please call  
JAMES W. DAVIS

at (352) 796-8838

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

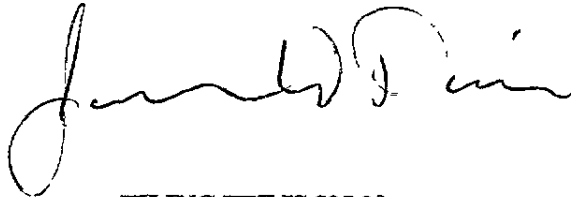
James W. Davis, hereby resign as MGMR

(Name of Corporation) MASSACHUSETTS GENERAL SURGERY CENTER LLC

L03000027816, a corporation organized under the laws of the State of  
Florida

Document Number, if known)

^Signature of resigning officer/director)

A handwritten signature in cursive script, appearing to read "James W. Davis", written in black ink.

**FILING FEE IS \$35.00**

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