

LA 2000 123863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

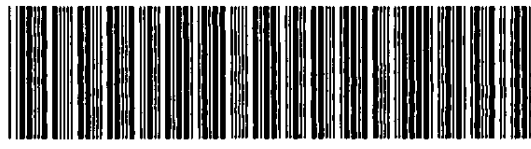
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAY 31 2013  
J. BUTLER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HSN Medical Group  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dr. Amanda Ferguson  
(Contact Person)

HSN Medical Group  
(Firm/Company)

619 8th St. S.  
(Address)

Naples, FL 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Sawyer at (239) 919-3557  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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13 MAY 30 PM 4:55  
TALLAHASSEE, FLORIDA



FILED  
13 MAY 30 PM 11:56  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HSN Medical Group

2. This limited liability company was organized under the laws of: State of Florida. Effective date change June 1, 2013

3. The Florida document/registration number of this limited liability company is: L12000123863

4. I, Nancy L. Lovejoy, hereby resign as a managing member.  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Nancy L. Lovejoy  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)