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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Florida Medicine, PLLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Matthew Stevens

(Contact Person)

Provider Legal

(Firm/Company)

3433 Hillside Avenue

(Address)

Gulf Breeze, FL, 32563

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Stevens

714 280-7097
at () _____
(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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Ryan Holland

Email: rdhollandmd@gmail.com

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Ryan Holland

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