

M88224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

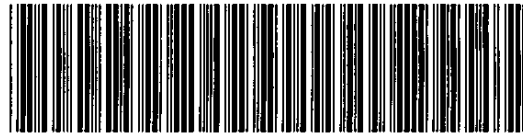
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Healthcare Support Group, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** M88224

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

Please return all correspondence concerning this matter to the following:

Douglas L. Benning

(Name of Person)

Healthcare Support Group, Inc.

(Name of Firm/Company)

P.O. Drawer 1247

(Address)

Mango, Florida 33550-1247

(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Benning

(Name of Person)

at ( 813 ) 767-6898

(Area Code & Daytime Telephone Number)

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

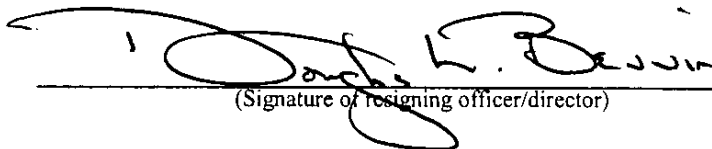
I, Douglas L. Benning, hereby resign as Executive Direc  
(Title)

of Healthcare Support Group, Inc.  
(Name of Corporation)

M88224

(Document Number, if known), a corporation organized under the laws of the State of

Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**FILING FEE IS \$35.00**

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

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