

N02000004349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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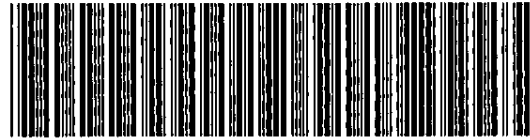
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FEB 08 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Good Samaritan Medical Center Auxiliary, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N 02000004349

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

Please return all correspondence concerning this matter to the following:

DORIS UHACIA, TREASURER
(Name of Person)

Good Samaritan Medical Center Auxiliary
(Name of Firm/Company)

1309 NO FLAGLER DRIVE
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

DORIS UHACIA at (561) 650-6216
(Name of Person) (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, Gloria Huntley, hereby resign as President
(Title)
of Good Samaritan Medical Center Auxiliary, Inc.
(Name of Corporation)
No 200000 4349 a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Gloria Huntley
(Signature of resigning officer/director)

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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