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Amendment Section Division of Corporations

TO:

SUBJECT. THE FLORIDA	MEDICAL CLINIC FOUNDATION OF CARING, INC.	
(Name of Corporation)		
DOCUMENT NUMBER:	N050000136	
The enclosed Officer/Director	Resignation for a Corporation and fee are submitted for filing	
Please return all correspondence	ce concerning this matter to the following:	
MARK PINALS		
(Name o	f Person)	
	•	
(Name of Fir	m/Company)	
4706 TANNERY AVENUE		
(Add	ress)	
TAMPA, FLORIDA 33624		
(City/State ar	nd Zip Code)	
For further information concern	ning this matter, please call:	
COLLEEN CUFFE	at (813) 780-8774	
(Name of Person	at (813) 780-8774 (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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2011 .

THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING 38135 MARKET SQUARE ZEPHYRHILLS, FL 33542-7505

SUBJECT: THE FLORIDA MEDICAL CLINIC FOUNDATION OF CARING, INC.

Ref. Number: N05000001316

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 511A00006413

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SECRETARY OF STATE
ALLAHASSEE, FI ORIDIA

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

11 APR 19 AM 10: 28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

. М.	ARK PINALS	. hereby resign as	VICE PRESIDENT		
•,		.,	(Title)		
of T	HE FLORIDA MEDICAL CLINIC FOU		ARING, INC.		
(Name of Corporation)					
N050	000001316 , a corpor (Document Number, if known)	ation organized un	der the laws of the State of		
FLOF	RIDA				
	1/4/4				

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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