

NO 6000004456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

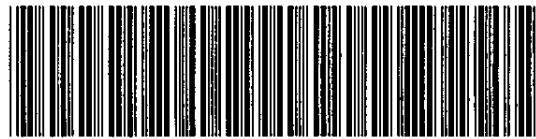
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

ice  
Resign  
SEP 26 2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Space Coast Medical Group Management Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO600000456

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

Please return all correspondence concerning this matter to the following:

Gary Hardey  
(Name of Person)

Brevard Eye Center  
(Name of Firm/Company)

665 Apollo Blvd  
(Address)

Melbourne FL 32901  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Hardey at (321) 984-3200  
(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, Brenda Merchberger, hereby resign as President (Director)  
(Title)

of Space Coast Medical Group Management Association,  
(Name of Corporation) Inc

NO 000004456, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Brenda K Merchberger  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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

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

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**