

N1D00000001543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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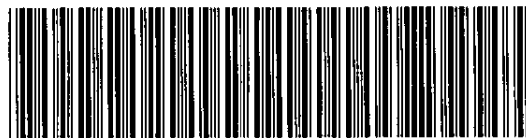
(Business Entity Name)

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@ 4.15.14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tallahassee-Haiti Medical Team, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N10000001543

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

Please return all correspondence concerning this matter to the following:

Betty Dewar
(Name of Person)

Tallahassee-Haiti Medical Team, Inc.
(Name of Firm/Company)

2359 Foxboro Way
(Address)

Tallahassee, Florida 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Betty Dewar at (850) 273-1393
(Name of Person) (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Betty Dewar, hereby resign as Title D
(Title)

of Tallahassee - Haiti Medical Team, INC.
(Name of Corporation)

N10000001543, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Betty Dewar
(Signature of resigning officer/director)

APPROVED
14 APR 10 09 46:28

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