

N10000008213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

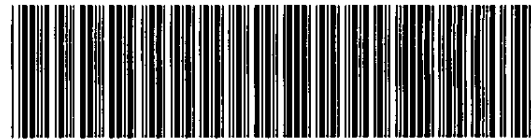
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900188147819

12/02/10--01012--003 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 DEC -2 PM 1:15

OD/Res  
10 12/3/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRIMARY CARE CENTERS OF AMERICA, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N10000008213

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

Please return all correspondence concerning this matter to the following:

Kevin Sharp  
(Name of Person)

Reel Amusements  
(Name of Firm/Company)

1522 Sarah Ct.  
(Address)

Murfreesboro, TN 37129  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Sharp at (615) 890-3228  
(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, Kevin Sharp, hereby resign as director  
(Title)

of Primary Care Centers of America, INC.  
(Name of Corporation)

N10000008213, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Kevin Sharp  
(Signature of resigning officer/director)

**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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 DEC -2 PM 1:19