

N110000011510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

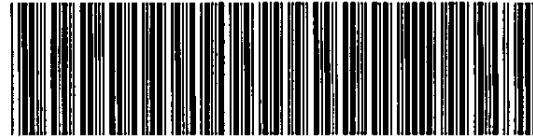
(Business Entity Name)

(Document Number)

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2016 SEP 22 PM 12:53
CLERK OF SUPERIOR COURT
OFFICE OF CORPORATIONS

SEP 27 2016

C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Central Florida Health Care Coalition
(Name of Corporation)

DOCUMENT NUMBER: N11000011510

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

Please return all correspondence concerning this matter to the following:

Harold Theus

(Name of Person)

North Central Florida Health Care Coalition

(Name of Firm/Company)

913 SE 5th St.

(Address)

Gainesville, FL 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

Harold Theus

(Name of Person)

at 352) 384-3132

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 SEP 22 PM 12:53

I, Robert L. Linnens, hereby resign as Secretary/Treasurer
(Title)

of North Central Florida Health Care Coalition, Inc.
(Name of Corporation)

N11000011510, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Robert L. Linnens
(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