

212000010947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D/O P&S

OCT 30 2013

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIDWAY SPECIALITY CARE CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: N12000010947

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

Please return all correspondence concerning this matter to the following:

KATHRYN HAYDEN

(Name of Person)

MIDWAY SPECIALITY CARE CENTER INC

(Name of Firm/Company)

356 E MIDWAY ROAD

(Address)

FT PIERCE, FL 34982

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHRYN HAYDEN at **(772) 398-1388**

(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

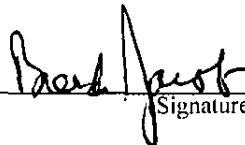
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BRENDA JACOBS, hereby resign as VICE PRESIDENT
(Title)

of MIDWAY SPECIALITY CARE CENTER INC,
(Name of Corporation)

N12000010947, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

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