

12/8/21, 8:50 AM

Division of Corporations

# N19000011014

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.  
Account Number : I19980000057  
Phone : (850)973-4186  
Fax Number : (850)973-8564

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SANCTUARY CLINICS, INC.**

Certificate of Status	0
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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SANCTUARY CLINICS, INC.

(Name of Corporation)

DOCUMENT NUMBER: N19000011014

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

Please return all correspondence concerning this matter to the following:

DAVID S. HOSKINS

(Name of Person)

SANCTUARY CLINICS, INC.

(Name of Firm/Company)

POST OFFICE BOX 57

(Address)

GREENVILLE, FLORIDA 32331

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID S. HOSKINS

(Name of Person)

at ( )

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PETER SHAWN HOSKINS, hereby resign as DIRECTOR  
(Title)

of SANTUARY CLINICS, INC.  
(Name of Corporation)

N19000011014, 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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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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