

N 45708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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O/D
Resign.

5-10-13

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Memory Disorder Clinic, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N45708

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

Please return all correspondence concerning this matter to the following:

Kim Nowakowski

(Name of Person)

Health First, Inc.

(Name of Firm/Company)

6450 US Highway 1

(Address)

Rockledge, FL 32955

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Nowakowski

(Name of Person)

at 321 434-4378

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert R. Wright, hereby resign as Director
(Title)

of Memory Disorder Clinic, Inc.
(Name of Corporation)

N45708, a corporation organized under the laws of the State of
(Document Number, if known)



(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

13 MAY - 6 AM 9:31

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