

193000005123

(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

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1/19/12  
TL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida School of Traditional Midwifery  
(Name of Corporation)

**DOCUMENT NUMBER:** N93000005123

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

Please return all correspondence concerning this matter to the following:

Heart Phoenix  
(Name of Person)

Florida School of Traditional Midwifery  
(Name of Firm/Company)

810 E. University Ave.

(Address)

Gainesville, FL 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

Heart Phoenix  
(Name of Person)

at ( 352 ) 338-2013  
(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

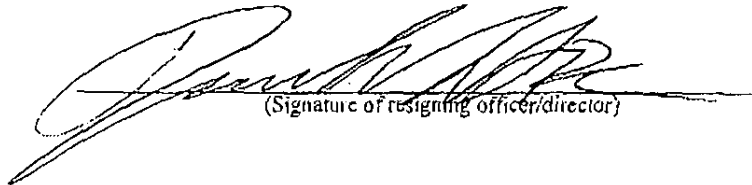
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, David West, hereby resign as Board Member  
(Title)

of Florida School of Traditional Midwifery  
(Name of Corporation)

N93000005123, 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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