

N99000001289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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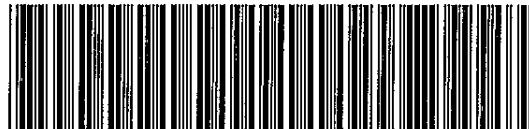
(Business Entity Name)

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05 NOV -4 AM 10:54
TALLAHASSEE, FLORIDA

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05 NOV -4 AM 10:58
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TALLAHASSEE, FLORIDA

Resign

NOV 04 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Open Door Women's Clinic, Incorporated
(Name of Corporation)

DOCUMENT NUMBER: N05000008866

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

Please return all correspondence concerning this matter to the following:

Kiera Camron

(Name of Person)

(Name of Firm/Company)

3173 Brockton Way

(Address)

Tallahassee, FL 32308-7923

(City/State and Zip Code)

For further information concerning this matter, please call:

Kiera Camron

(Name of Person)

at (850) 385-0900

(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, Kiera Camron, hereby resign as Board member
(Title)

of Open Door Women's Clinic, Incorporated
(Name of Corporation)

N05000008866, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Kiera Camron
(Signature of resigning officer/director)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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