

P00000114892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

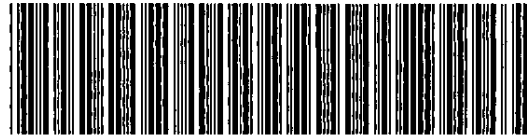
(Business Entity Name)

(Document Number)

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12 JUL -3 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Off Resign*

JUL 9 2012

T. LEWIS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Consolidated Billing and Collections  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000114892  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Walter Atyeo  
\_\_\_\_\_

(Name of Person)

Accent Physician Specialists  
\_\_\_\_\_

(Name of Firm/Company)

4340 Newberry Road Suite 301  
\_\_\_\_\_

(Address)

Gainesville, FL 32607  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Walter Atyeo  
\_\_\_\_\_

(Name of Person)

at ( 352 ) 870-5483

(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**

**FILED**

**12 JUL -3 PM 12: 06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, Walter G. Atyeo, hereby resign as Vice President  
(Title)

of Consolidated Billing and Collections Inc.,  
(Name of Corporation)

P00000114892, 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