P01000112103

John Stanton
(Requestor's Name)

P.O. Box 18341
(Address)

Tampa, FL. 33679
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300038077133

06/23/04--01026--015 **140.00

FILED
04 JUN 23 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01DRD

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOHN STANTON, hereby resign as DIRECTOR (Title)

of CARE PROVIDER PROFESSIONALS, INC. (Name of Corporation),

P01000112102 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

(Signature of resigning officer/director)

FILED
04 JUN 23 PM 2:34
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