

PO1000112102

John Stanton

(Requestor's Name)

P.O. Box 18341

(Address)

Tampa, FL 33679

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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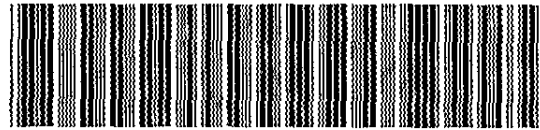
(Business Entity Name)

(Document Number)

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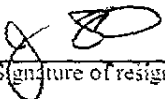
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

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

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

PO1000112102, 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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