

PO1000118385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Healthplex Medical Alternatives, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: PD1000118385

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

Please return all correspondence concerning this matter to the following:

Dr. Karen F. Juarez  
(Name of Person)

Healthplex Medical Alternatives  
(Name of Firm/Company)

4920 W. Cypress St # 102  
(Address)

Tampa FL 33607  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Karen Juarez at (813) 289-0445 X232  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

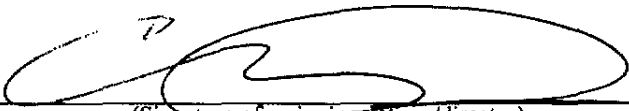
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TALLAHASSEE, FLORIDA  
CLERK OF STATE

I, Charles Pettyjohn, hereby resign as President  
(Title)

of Healthplex Medical Alternatives, Inc.  
(Name of Corporation)

P01000118385, 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