P02000023262

·
(Requestor's Name)
(Address)
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(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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OD Resign



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Duramed Mobility of Florida, Inc.	,
(Name	e of Corporation)
DOCUMENT NUMBER: P02000023262	
The enclosed Officer/Director Resignation for a C	Corporation and fee are submitted for filing
Please return all correspondence concerning this r	natter to the following:
Timothy Shippee	
(Name of Person)	
Hathaway & Reynolds, P.A.	
(Name of Firm/Company)	
115 Professional Drive, Suite 101	
(Address)	
Ponte Vedra Beach, FL 32082	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Timothy Shippee	904 280-5575
(Name of Person)	904) 280-5575 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the	ne Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Add Amendment Division of Corporations Post Office In Tallahassee, Tallahassee,	Section Corporations Box 6327

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Chris D. Wood	, hereby resign as_	President and Director	
"	, neroey resign as_	(Title)	_
of Duramed Mobility of Florida, In			_ ,
(Name of Cor	poration)		
P02000023262 , a c	orporation organized un	nder the laws of the State of	
Florida			
Chira	ure of resigning officer/direct	521 T	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314