

PO2000080300

(Requestor's Name)

P.O. Box 730353

(Address)

(Address)

Diamond Beach, Fla. 32173-0353

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation

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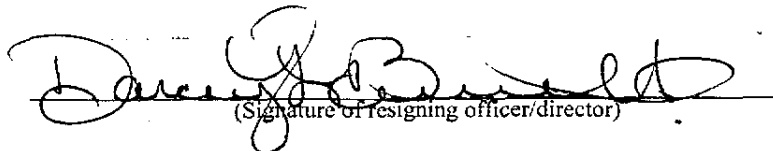
OFFICER / DIRECTOR RESIGNATION

I, DARCEY L BENNETT, hereby resign as DIRECTOR
(Title)

of MEDICAL ADMINISTRATORS OF ORMOND BEACH, INC.,
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314