

PO2000109531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

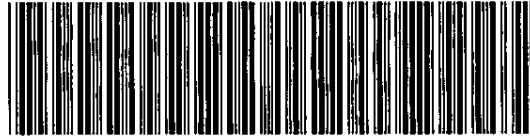
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800277532038

10/06/15--01007--004 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT -6 PM 3:17

OCT 8 2015

C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTER FOR SLEEP AND MEDICAL DIAGNOSTICS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000109531

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

Please return all correspondence concerning this matter to the following:

David A. Lockwood

(Name of Person)

CENTER FOR SLEEP AND MEDICAL DIAGNOSTICS, INC.

(Name of Firm/Company)

132 RASPBERRY LANE

(Address)

CAMILLUS, NY 13031

(City/State and Zip Code)

For further information concerning this matter, please call:

David A. Lockwood

(Name of Person)

at **315 440-1330**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 OCT -6 PM 3:17

I, Antonette M. Mitchem, hereby resign as Asst. Secretary, Asst. Treasurer
(Title)

of CENTER FOR SLEEP AND MEDICAL DIAGNOSTICS, INC.
(Name of Corporation)

P02000109531, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Antonette M. Mitchem
(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