

P020000116996

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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700244207737

Resignation  
Of Officer

02/04/13--01055--002 \*\*35.00

FILED  
2013 FEB -4 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
2/6/13

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DARY'S MEDICAL MANAGEMENT  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000116996

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

Please return all correspondence concerning this matter to the following:

MADARE PREVILOR  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

7904 Coral Blvd.  
(Address)

MIRAMAR FL 33023  
(City/State and Zip Code)

For further information concerning this matter, please call:

MADARE PREVILOR at (754) 245-2033  
(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**

**FILED  
2013 FEB -4 PM 3:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, MADARE PREVILOR, hereby resign as OFFICER / Pres  
(Title)

of DARY'S MEDICAL MANAGEMENT INC.,  
(Name of Corporation)

P02000116996, 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