

P03000006751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

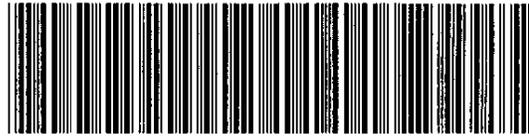
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600151436666

07/22/09--01003--013 *\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 21 AM 11:55

FILED

*Off Resign
Tears
7-22-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PALM BEACH MEDICAL CENTER INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000006751

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

Please return all correspondence concerning this matter to the following:

MARQUIS FOWLER
(Name of Person)

(Name of Firm/Company)

12687 SAMPSON RD
(Address)

JACKSONVILLE FL 32218
(City/State and Zip Code)

For further information concerning this matter, please call:

MARQUIS FOWLER at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RECEIVED
2009 JUL -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2009

MARQUIS FOWLER
12687 SAMPSON ROAD
JACKSONVILLE, FL 32218

SUBJECT: PALM BEACH MEDICAL CENTER, INC.
Ref. Number: P03000006751

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 609A00023724

RECEIVED
2009 JUL 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
09 JUL 21 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MARQUIS FOWLER, hereby resign as PRESIDENT
(Title)

of PALM BEACH MEDICAL CENTER INC.
(Name of Corporation)

P03000006751, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.....SEE ATTACHMENT

Marquis Fowler
(Signature of resigning officer/director)

*The only way to remove name is to resign.
The reason im resigning is the only way to remove my name from
the state of FL. Database.*

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

P03000006751
AFFIDAVIT

Division of Corporations
Jay Kassees/ Privileged & Confidential
P.O. BOX 6327
Tallahassee FL 32314

I Marquis Fowler, 29 swear that I have never had any relationship with or been part of
Palm Beach Medical Center Inc.

I Marquis Fowler am not the president of Palm Beach Medical Center Inc.

I do not know and have never met Gerard S. Valere
I have never been an officer of this company.

Please take Marquis Fowler's name off of Palm Beach Medical Center Inc as President.

Palm Beach Medical Center Inc
Document # P03000006751
FEI/EIN # 161651375
Date Filed 1/17/2003
STATE FL
STATUS ACTIVE

Marquis Fowler
12687 Sampson Rd
Jacksonville FL, 32218

Marquis Fowler May 13, 2009

Sworn to and subscribed before me this
3 day of May, 2009

Marquis J. Fowler
Signature of Notary Public, State of Florida

Print, Type or Stamp Name of Notary Public

Personally known to me, or
 Produced identification: FDL
Type of identification

