

PD3000067585

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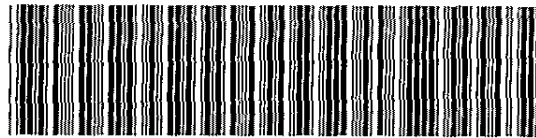
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HIGH SPRINGS FAMILY PRACTICE CLINIC & DIAGNOSIS CENTER, INC

DOCUMENT NUMBER: P03000067585

Please return all correspondence concerning this matter to the following:

JOYCE C THOMPSON

(Name of Contact Person)

COMPUFAST ACCOUNTING & CONSULTING SERVICES, INC

(Firm/ Company)

640 NE SANTA FE BLVD

(Address)

HIGH SPRINGS, FLORIDA 32643

(City/ State and Zip Code)

For further information concerning this matter, please call:

JOYCE C THOMPSON

(Name of Contact Person)

at (386) 454-7399

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

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Mailing Address

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

Street Address

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ADA GARCIA, hereby resign as VICE PRESIDENT
(Title)

AND
of HIGH SPRINGS FAMILY PRACTICE CLINIC DIAGNOSIS CENTER, INC
(Name of Corporation)

P03000067585, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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

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