

P03000073834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

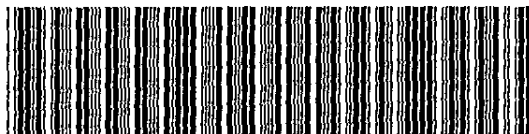
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800043636618

12/30/04--01054--002 **35.00

FILED
04 DEC 30 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off. Resign.

G. Ouellette

JAN 0 6 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Managed Healthcare Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000073834

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

Please return all correspondence concerning this matter to the following:

Mary L. Morse
(Name of Person)

N/A

(Name of Firm/Company)

589 Avenue K, SE
(Address)

Winter Haven, FL 33880
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary L. Morse at (863) 604-8256
(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**

I, Mary L. Morse, hereby resign as Corporate Officer
(Title)

of National Managed Healthcare Services, Inc.
(Name of Corporation)

P03000073834, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Mary L. Morse
(Signature of resigning officer/director)

FILED
04 DEC 30 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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