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Amendment Section Division of Corporations

TO:

SUBJECT: Professional Group Benefit Corp
(Name of Corporation)
DOCUMENT NUMBER: P03000132713
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ronald Mascitti
(Name of Person)
Professional Group Benefit Corp
(Name of Firm/Company)
7011 Land O Lakes Blvd
(Address)
Land O Lakes, FL 34638
(City/State and Zip Code)
For further information concerning this matter, please call:
Ronald Mascitti at (813) 929-8955 (Name of Person) (Area Code & Daytime Telephone Number)
(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Patrick McGeady	, hereby resign as VP	
	, , , , , , , , , , , , , , , , , , , ,	(Title)
of Professional Group Benefit Co	orporation)	, , , , , , , , , , , , , , , , , , , ,
P03000132713 (Document Number, if known)	, a corporation organized under the	laws of the State of
Florida	<u>_</u> .	
Jala-	Signature of resigning officer/director)	OTFEB-9 PM 3:58
]	FILING FEE IS \$35.00	6 5

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

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