

P04000006099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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08 OCT -9 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C. Coulliette*

C.COULLIETTE

OCT 15 2008

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 24TH CENTURY MEDICAL CENTER, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000006099  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Victor Obi-Anadiume  
\_\_\_\_\_  
(Name of Person)

24th Century Medical Center, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

7747 W. Hillsborough Avenue  
\_\_\_\_\_  
(Address)

Tampa, Florida 33615  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Victor Obi-Anadiume at ( 813 ) 549-3800  
\_\_\_\_\_  
(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, Ike Okeke, hereby resign as Officer/ Director  
(Title)

of 24th Century Medical Center, Inc.  
(Name of Corporation)

P04000006099, 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

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