

P04000089157

(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



700062184927

12/16/05--01010--017 *\$35.00

FILED

2005 DEC 16 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Off Resign.

C. Ouellette

DEC 28 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COASTAL MEDICAL RECEIVABLES, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000089157

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

Please return all correspondence concerning this matter to the following:

Jeffrey ELKIN
(Name of Person)

COASTAL MEDICAL RECEIVABLES, INC
(Name of Firm/Company)

750 EAST SAMPLE ROAD BLDG 3 BAY 4
(Address)

POMPANO BEACH, FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey ELKIN at (954) 785-8800 x 201
(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

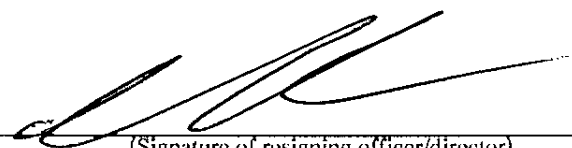
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, BecherT, CHARLES H III, hereby resign as PRESIDENT
(Title)

of COASTAL MEDICAL RECEIVABLES, INC
(Name of Corporation)

P04000089157, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
2005 DEC 16 AM 8:35
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