

P04 000 134 003

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Florida Medical Properties, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000134003

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

Please return all correspondence concerning this matter to the following:

Thomas M. Egan

(Name of Person)

Thomas M. Egan, Chartered

(Name of Firm/Company)

2107 SE 3rd Ave.

(Address)

Ocala, FL 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas M. Egan at 352 629-7110

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mark A. Phelps, hereby resign as Director
(Title)

of North Florida Medical Properties, Inc.
(Name of Corporation)

P04000134003, 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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14 JAN 14 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA