

PU4000 143530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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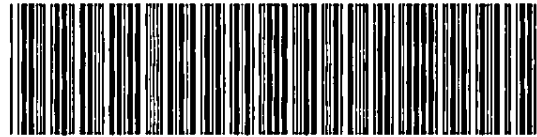
(Business Entity Name)

(Document Number)

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2020 AUG 10 PM 12:59

CLERK OF COURT  
POLYGRAPHIC

SEP 3 2020

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Central Florida Adult Medicine, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P04000143530

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

Please return all correspondence concerning this matter to the following:

Jean F. Rodney  
(Name of Person)

Central Florida Adult Medicine, Inc  
(Name of Firm/Company)

P.O. Box 694785  
(Address)

Miami, FL 33269  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jean F. Rodney at (305) 760-2289  
(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:**

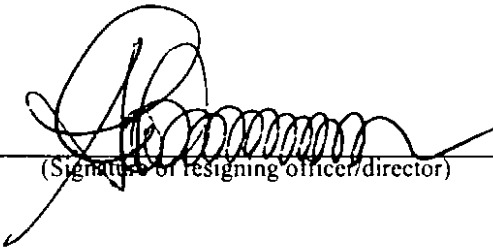
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Sherley Dorleans, hereby resign as CEO (Title)  
of Central Florida Adult Medicine, Inc (Name of Corporation)  
P04000143530 (Document Number, if known), a corporation organized under the laws of the State of  
Florida

  
(Signature of resigning officer/director)

**FILED**  
2020 AUG 10 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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