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(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			





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TRANSMITTAL LETTER

Division of Corporations SUBJECT: Sebring Heart Center, P.A. (Name of Corporation) DOCUMENT NUMBER:_P04000167050 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Clifford R. Rhoades (Name of Person) Clifford R. Rhoades, P.A. (Name of Firm/Company) 2141 Lakeview Drive (Address) Sebring, FL 33870 (City/State and Zip Code) For further information concerning this matter, please call: Clifford R. Rhoades (Name of Person)

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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

{ı,} <u>Jenniter L. Bennet</u>	t, M.D., hereby resign as	VP and Director
of Sebring Heart Ce		(Title)
P04000167050 (Document Number, if known)	ne of Corporation), a corporation organized unc	ler the laws of the State of
Florida	·	
Bu	(Signature of resigning officer/director	or) 9

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