P05000038718

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Linky Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100199480731

03/31/11--01018--020 **35.00

M/Dw Resign



COVER LETTER

Division of Corporations Physicians United Plan, Inc. SUBJECT: (Name of Corporation) DOCUMENT NUMBER:_ The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Terry Wong** (Name of Person) Physicians United Plan, Inc. (Name of Firm/Company) 483 N. Semoran Blvd. (Address) Winter Park, FL, 32792 (City/State and Zip Code) For further information concerning this matter, please call: **Terry Wong** (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address:** Mailing Address: Amendment Section Division of Corporations Amendment Section **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Michael Turrell	, hereby resign as Secretary
.,	(Title)
of_ Physicians United Plan, Inc.	
(Name of Co	rporation)
(Document Number, if known)	corporation organized under the laws of the State of
Florida	
- Mision to	fure 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