

P05000046670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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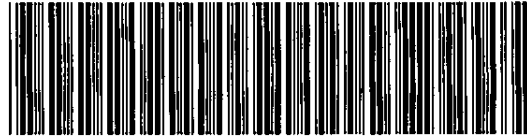
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ocala Hospitalist Group, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000046670

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 J. Dobbins

(Name of Person)

Trow & Dobbins, P.A.

(Name of Firm/Company)

1301 NE 14th Street

(Address)

Ocala, FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas J. Dobbins

(Name of Person)

at (**352**) **369-8830**

(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

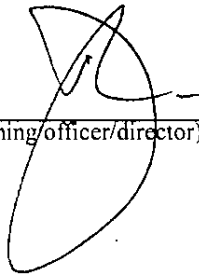
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DARIN BROWN, hereby resign as VICE PRESIDENT
(Title)

of OCALA HOSPITALIST GROUP, P.A.
(Name of Corporation)

P05000046670, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
14 JAN -6 PM 4:35
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