

PD5000064785

(Requestor's Name)

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(City/State/Zip/Phone #)

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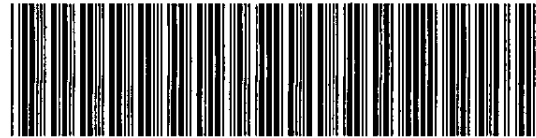
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARATHON Keys Family Practice, Inc
(Name of Corporation)

DOCUMENT NUMBER: P05000064785

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

Please return all correspondence concerning this matter to the following:

DESIREE M. FELIX
(Name of Person)

MARATHON Keys Family Practice, Inc
(Name of Firm/Company)

2357 OVER SEAS HWY - SRA
(Address)

MARATHON, FL 33050
(City/State and Zip Code)

For further information concerning this matter, please call:

DESIREE M. FELIX at ()
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lissette Borges, hereby resign as PRESIDENT
(Title)
of MARATHON Keys Family Practice, Inc.
(Name of Corporation)
P05000064725, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Borges
(Signature of resigning officer/director)

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06 MAY 12 AM 8:03
SECRETARY OF STATE
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