

P05000079211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*TH 1-20-12*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

Midland Medical Network Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

PAS00079211

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

Please return all correspondence concerning this matter to the following:

Paul K. Schrier

(Name of Person)

Paul K. Schrier

(Name of Firm/Company)

11098 Biscayne Boulevard #208  
(Address)

Miami, Florida 33161  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul K. Schrier

(Name of Person)

at (305) 893-5500

(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

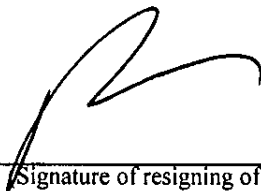
**Mailing Address:**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
12 JAN 20 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

I, Paul K. Schrier, hereby resign as SA  
(Title)  
of Midland Medical Network Incorporated  
(Name of Corporation)  
PO 5000079211, a corporation organized under the laws of the State of  
(Document Number, if known)

  
\_\_\_\_\_  
(Signature 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