P050000090776

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

| Division of Corporations |
|-----------------------------------------------------------------------------------------------|
| SUBJECT: Town Center Family Practice, P.A. |
| (Name of Corporation) DOCUMENT NUMBER: P05000090776 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Kenneth S. Gluckman (Name of Person) |
| Moran Kidd Lyons Johnson Garcia, P.A. (Name of Firm/Company) |
| 111 N. Orange Ave., Suite 900 |
| Orlando, Florida 32801 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Kathy Seng at (407) 841-4141 (Name of Person) (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

TOWN CENTER FAMILY PRACTICE, P.A.

RESIGNATION

The undersigned, **Dr. George S. Malki**, hereby resigns from all positions he holds as a director and/or shareholder of **TOWN CENTER FAMILY PRACTICE**, **P.A.**, a Florida corporation, effective as of May 17. 2019.

DocuSigned by:

Dr. George S. Malki

