

P05000122439

(Requestor's Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

Family Medicine & Holistic Center, Inc.

SUBJECT: _____
P05000122439 (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:

Nelson Vazquez

(Name of Person)

Family Medicine & Holistic Center, Inc

(Name of Firm/Company)

887 Deltona Boulevard

(Address)

Deltona, FL 32725

(City/State and Zip Code)

For further information concerning this matter, please call:

Nelson Vazquez _____ at (386) 575-2900
(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**

Christopher N. Vazquez Vice-president
I, _____, hereby resign as _____
(Title)

Family Medicine & Holistic Center, Inc.
of _____
(Name of Corporation)

P05000122439

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

(Signature of resigning officer/director)

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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