

P.05000145524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

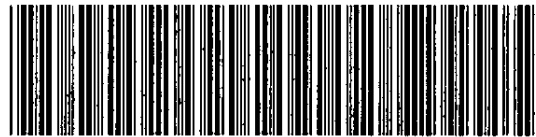
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08 JUN 23 PM 4 06  
TALLAHASSEE, FLORIDA

T.Roberts JUN 24 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Doctors Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000145524

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

Please return all correspondence concerning this matter to the following:

Mark C Shealy

(Name of Person)

Florida Doctors Insurance Company

(Name of Firm/Company)

4655 Salisbury Road, Suite 110

(Address)

Jacksonville, Florida 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark C Shealy

(Name of Person)

at ( 904 ) 296-2887x205

(Area Code & Daytime Telephone Number)

*ms*

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

08 JUN 23 PM 4:56

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

I, Ellen S Block, hereby resign as Director  
(Title)

of Florida Doctors Insurance Company  
(Name of Corporation)

P05000145524, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Ellen S Block  
(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