60006972

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
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6,29,11

COVER LETTER

Division of Corporations
SUBJECT: Allied Medical Management, Inc. (Name of Corporation) DOCUMENT NUMBER: P0600006972
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven D. Duker (Name of Person)
Dubrou Duker & Associates, PA. (Name of Firm/Company)
5401 N. University Drive, #204
Coral Springs FL 33067 (City/State and Zip Code)
For further information concerning this matter, please call:
Steve Duker at (954) 345-0323 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section

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, <u>Sken C. Foster</u> , hereby resign as <u>EO</u> Of <u>Allied Medical Management</u> , <u>Tre.</u> (Name of Corporation) P0600006972, a corporation organized under the laws of the State of (Document Number if Impure)	**************************************
I, <u>Glem C. Foster</u> , hereby resign as <u>EO</u> Of <u>Allied Medical Management</u> , <u>Trc.</u> (Name of Corporation) P0600006972, a corporation organized under the laws of the State of	ي ي _ا ح جو
of Allied Medical Management, Inc. (Name of Corporation) P0600006972, a corporation organized under the laws of the State of	E
of Allied Medical Management, Inc. (Name of Corporation) P06000006972, a corporation organized under the laws of the State of). -
P0600006972 a corporation organized under the laws of the State of	
P0600006972 a corporation organized under the laws of the State of	
P0600006972 , a corporation organized under the laws of the State of	
(D	
(Document Number, if known)	
Florida.	

(Signature of resigning officer/director)

AS OF

5.29.20

(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