

PO6000040203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

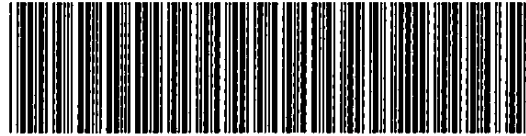
(Business Entity Name)

(Document Number)

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11-6-06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Case Monitoring & Management
(Name of Corporation)

DOCUMENT NUMBER: P6000040203

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Cunningham
(Name of Contact Person)

Professional Case Monitoring & Management
(Firm/Company)

4573 Wandering Oaks Ct.
(Address)

Jacksonville, FL 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Cunningham at (904) 292-1011 or 726-8612
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sharice M. McCall, hereby resign as President, Director & Shareholder
(Title)
of Professional Case Monitoring & Management Services, Inc.
(Name of Corporation)
P6000040203, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Sharice M. McCall
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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