

PO6000066854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JAN -9 PM 1:56

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Office Resign  
Erin Murphy  
1/15/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Professional Medical Billing and Consultant Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000066854

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

Please return all correspondence concerning this matter to the following:

Maria Orozco

(Name of Person)

Professional Medical Billing and Consultant Services

(Name of Firm/Company)

13419 Eleanor Avenue

(Address)

Port Charlotte FL 33953

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Orozco

(Name of Person)

at ( 941 ) 627-5568

(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**

I, Maria Orozco, hereby resign as Officer  
(Title)

of Professional Medical Billing and Consultant Services, Inc.  
(Name of Corporation)

P06000066854, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Maria Orozco  
(Signature of resigning officer/director)

**FILED**  
08 JAN -9 PM 1:56  
CLERK OF STATE  
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