

PO6000067811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100078491431

08/09/06--01017--007 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG -9 PM 11:25

FILED

KHA  
affidavits

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mortgage Doctors, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000067811

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

Please return all correspondence concerning this matter to the following:

Dennis L. Scoby II  
(Name of Person)

Mortgage Doctors, Inc.  
(Name of Firm/Company)

3825 Henderson Blvd. Suite 600  
(Address)

Tampa, FL 33629  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis L. Scoby II at ( 813 ) 636-8700  
(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**

I, Francis C. Reeder, hereby resign as Vice President  
(Title)

of Mortgage Doctors, Inc.  
(Name of Corporation)

P06000067811, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

FILED  
06 AUG -9 PM 11:25  
SECRETARY 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