

P06000098731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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12 JUL -9 AM 11:12

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JUL 10 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Cindy Eaton

(Name of Corporation)

DOCUMENT NUMBER: P06000098731

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

Please return all correspondence concerning this matter to the following:

Cindy Eaton

(Name of Person)

(Name of Firm/Company)

12791 West Sunset Drive

(Address)

Los Altos Hills, CA 94022

(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Eaton

(Name of Person)

at (650) 917-1052

(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**

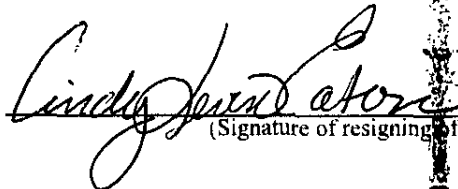
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I, Cindy Eaton, hereby resign as Director/Officer
(Title)

of Midland Medical - Broward, Inc.
(Name of Corporation)

P06000098731, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$85.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314