

PD 6000154136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

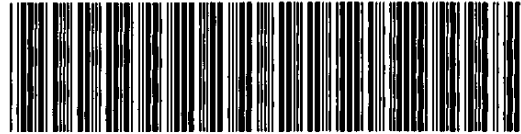
(Business Entity Name)

(Document Number)

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07 DEC 26 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0122  
1-8-08

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Medical Collection & Management Specialists, Inc  
(Name of Corporation)

DOCUMENT NUMBER: P0 60000154136

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

Please return all correspondence concerning this matter to the following:

Doug Benning  
(Name of Person)

Medical Collection & Management Specialists Inc.  
(Name of Firm/Company)

P.O. Drawer 1247  
(Address)

Mango, FL 33550-1247  
(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Benning at ( 813 ) 767-6898  
(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**

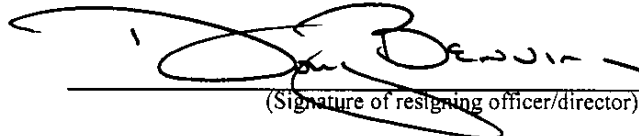
I, Doug Benning, hereby resign as Director  
(Title)

of Medical Collection & Management Specialists, Inc.  
(Name of Corporation)

P060000154136

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

Florida

  
(Signature of resigning officer/director)

**FILED**  
**07 DEC 26 PM 1:45**  
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