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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL FLORIDA HEALTH PARTNERS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000033352

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

Please return all correspondence concerning this matter to the following:

Joel C. Knickerbocker  
(Name of Person)

ALL FLORIDA HEALTH PARTNERS, INC.  
(Name of Firm/Company)

12587 Spring Hill Drive  
(Address)

SPRING HILL, FLORIDA 34606  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel C. Knickerbocker at ( 352 ) 585 - 3300  
(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

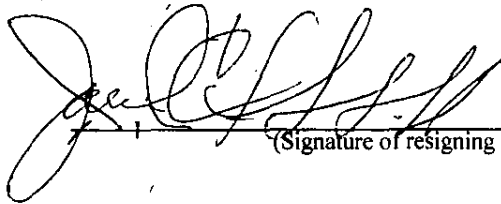
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Joel C. Knickerbocker, hereby resign as Director  
(Title)

of ALL FLORIDA HEALTH PARTNERS, INC.  
(Name of Corporation)

PO7000033352, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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