

P07000120024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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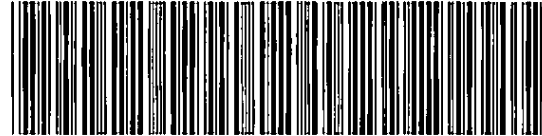
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Direct Reimbursement Solutions, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000120024

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Tricia Copach

(Name of Person)

Direct Reimbursement Solutions, INC

(Name of Firm/Company)

28051 US HWY 19 North

(Address)

Clearwater, FL 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Underwood

(Name of Person)

at (727) 647-1686

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Robin Underwood, hereby resign as VP (Title)

Direct Reimbursement Solutions, INC.
of _____
(Name of Corporation)

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

P07000120024 FL

Robin Underwood
(Signature of resigning officer/director)

2020 JUL 16 AM 10:42

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