

P080000068726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

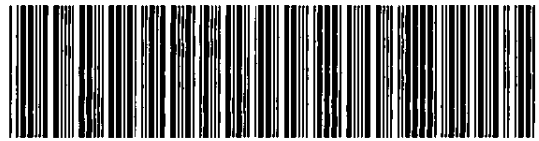
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600168470756

*Resignation
of Officer*

02/16/10--01020--015 **35.00

FILED
2010 FEB 16 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*NR
2/17/10*

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2010 FEB 16 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, NONEEN Jo MURDOCH, hereby resign as CEO
(Title)

of NATURAL FAMILY PHYSICIANS, INC.
(Name of Corporation)

P08000068726, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.

Noneen Murdoch
(Signature of resigning officer/director)

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