

PD80000083741

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(Address)

(Address)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Help Family Practice, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000083741

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

Please return all correspondence concerning this matter to the following:

Jack M Goloff, D.O.
(Name of Person)

Medical Help Family Practice, Inc.
(Name of Firm/Company)

2500 E. Commercial Blvd, Ste C
(Address)

Ft. Lauderdale, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosemary Chase-Golff at (954) 493-8880
(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, Rosemary Chase Goff hereby resign as VP (Title)

of Medical Help Family Practice, Inc.
(Name of Corporation)

PD8000083741, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Rosemary Chase Goff
(Signature of resigning officer/director)

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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