

P090000013402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

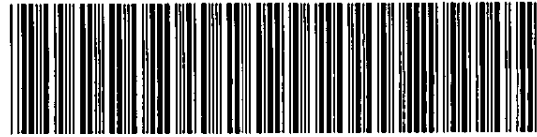
(Business Entity Name)

(Document Number)

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900235048729

*Resignation
to officer*

05/18/12--01019--014 **70.00

FILED
2012 MAY 18 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ppp
5/23/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VITY MEDICAL CENTER CORP.
(Name of Corporation)

DOCUMENT NUMBER: 709000013402

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

Please return all correspondence concerning this matter to the following:

ERIKA WILBANK
(Name of Person)

VITY MEDICAL CENTER CORP.
(Name of Firm/Company)

5841 DAHLIA DRIVE
(Address)

ORLANDO, FLORIDA 32807
(City/State and Zip Code)

For further information concerning this matter, please call:

ERIKA WILBANK at (407) 731-3615
(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

Enclosed is
\$70.00 to pay for
an amendment to
the articles of
incorporation and
the resignation officer

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED

2012 MAY 18 PM 2:53


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, WILLIAM A. HALL, hereby resign as PRESIDENT
(Title)

of VITY MEDICAL CENTER CORP.
(Name of Corporation)

909000013402, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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