

P09000032612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

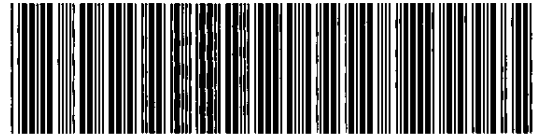
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEE COUNTY MEDICAL SOLUTIONS, INC
(Name of Corporation)

DOCUMENT NUMBER: P09000032612

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

KRISTEN J TOUHEY

(Name of Person)

LEE COUNTY MEDICAL SOLUTIONS, INC

(Name of Firm/Company)

3822 BROADWAY AVENUE SUITE C

(Address)

FT. MYERS, FLORIDA 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTEN J TOUHEY

(Name of Person)

at (239) 274-3004

(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

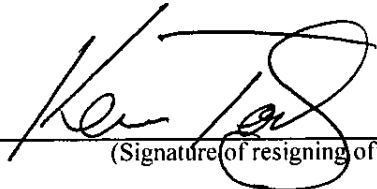
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, KEVIN P. TOUHEY, hereby resign as TREASURER/DIRECTOR
(Title)

of LEE COUNTY MEDICAL SOLUTIONS, INC
(Name of Corporation)

✓ P09000032612, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

✓ 
(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