

P09000038137

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN 14 2018

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Renewed Life Clinics, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PD9000038137

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

Please return all correspondence concerning this matter to the following:

Michael W. Stephenson MD PhD
(Name of Person)

Michael W. Stephenson MD PhD, Counselor
(Name of Firm/Company)

2943 Mayfair Ct.
(Address)

Clearwater, FL 33761
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael W. Stephenson MD at (727) 791-7437
(Name of Person) PhD (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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael W. Stephenson, MD, hereby resign as Owner / Director
_{P4D} (Title)

of ReNewed L, for Clinics, Inc.
(Name of Corporation)

PD9000038137, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Michael W. Stephenson, MD P4D
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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