

P090000040036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

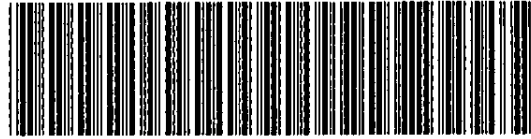
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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@ 5/20/13

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ennovative Medical Center Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000040036

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

Please return all correspondence concerning this matter to the following:

Annie Malsingh  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

201 W. Cypress St.  
(Address)

Kissimmee FL 34741  
(City/State and Zip Code)

For further information concerning this matter, please call:

Annie Malsingh at ( 407 ) 535-2445  
(Name of Person) (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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Brittany C. Seymour, hereby resign as Director  
(Title)

of PO9000040036 (Ennovative Medical Center, Inc.)  
(Name of Corporation)

PO9000040036, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

B. Seymour  
(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

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DIVISION OF CORPORATIONS  
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