P09000002000

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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FILING CANCELLED RETURNED CHECK

08/16/10--01033--002 **35.00

TALL-AHASSEE, FLORIDA

OD 1205 008/10/10

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Primary Care Practitioners of South Florida, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P09000072000</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kim Metzler (Name of Person)
(Name of Firm/Company)
201 E. Hallandale Bch B)VJ. #B
Hallandate Fr 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
KIM Met VeV at (954) 455 33 DI (Area Code & Daytime Telephone Number)

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 a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Vory J. Christen, hereby resign as VP	
(Title)	
of Primary Care Practitioners of South Florida, Inc. (Name of Corporation)	
(Name of Corporation)	- '
P09000072000 , 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