

P090000079327

(Requestor's Name)

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(Address)

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DIVISION OF CORPORATIONS
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@ 2/6/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MED PRACTICE SOLUTIONS, INC
(Name of Corporation)

DOCUMENT NUMBER: P09000079327

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

Please return all correspondence concerning this matter to the following:

NEIL M. BROWN
(Name of Person)

MED PRACTICE SOLUTIONS, INC
(Name of Firm/Company)

2855 SOUTH ATLANTIC AVENUE #404
(Address)

DAYTONA BEACH, FLORIDA 32118
(City/State and Zip Code)

For further information concerning this matter, please call:

ANN DENT at (386) 786-2300 X 308
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2012

NEIL M. BROWN
MED PRACTICE SOLUTIONS INC.
2855 SOUTH ATLANTIC AVENUE #404
DAYTONA BEACH, FL 32118

SUBJECT: MED PRACTICE SOLUTIONS INC.
Ref. Number: P09000079327

We have received your document for MED PRACTICE SOLUTIONS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures. ✓

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 712A00001064

RECEIVED
12 FEB -6 AM 8:05
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -6 PM 1:00

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

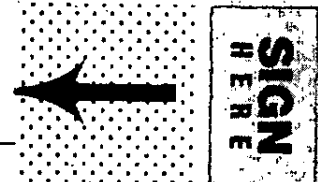
I, LISA THORPE, hereby resign as STD
(Title)

of MED PRACTICE SOLUTIONS, INC
(Name of Corporation)

PO9000019321, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Lisa U Thorpe
(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