

P09000101368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

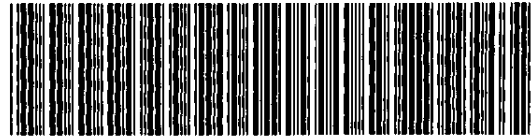
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

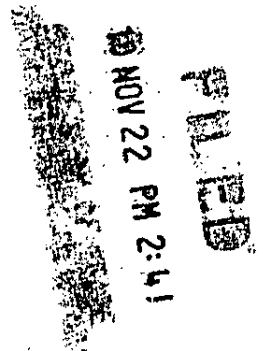
Special Instructions to Filing Officer:

Office Use Only



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11/22/10--01007--010 **35.00



O/D Resign.

12/01/10

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARBELLA MEDICAL CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000101368

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

Please return all correspondence concerning this matter to the following:

WENDELL M UNDERWOOD

(Name of Person)

MARBELLA MEDICAL CENTER, INC.

(Name of Firm/Company)

P.O. BOX 18564

(Address)

TAMPA, FLORIDA 33679-8564

(City/State and Zip Code)

For further information concerning this matter, please call:

WENDELL UNDERWOOD

(Name of Person)

at (813) 422-0892

(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

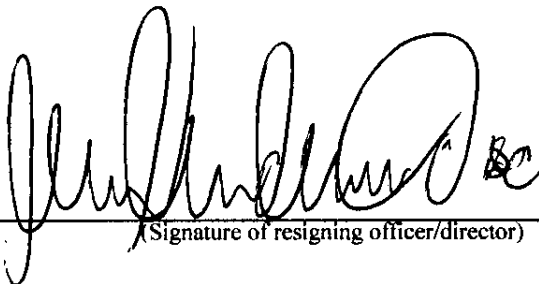
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WENDELL UNDERWOOD, hereby resign as PRESIDENT
(Title)

of MARBELLA MEDICAL CENTER, INC.
(Name of Corporation)

P09000101368, 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

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