

P100000002919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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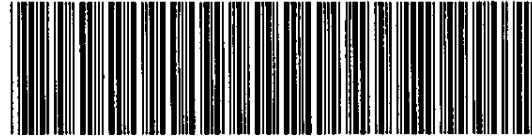
(Business Entity Name)

(Document Number)

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R. WHITE

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Quik Clinic Medical Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 10000002919

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

Please return all correspondence concerning this matter to the following:

Teresa Jackson Gilbert.  
(Name of Person)

Quik Clinic Medical Center.  
(Name of Firm/Company)

18423 NW. 13th Street  
(Address)

Pembroke Pines, FL 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Jackson Gilbert (954) 295-6036  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Teresa Jackson Gilbert hereby resign as Vice President  
(Title)

of Quik Clinic Medical Center  
(Name of Corporation)

P1000000 2919, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Teresa Jackson Gilbert  
(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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