

P10000006342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

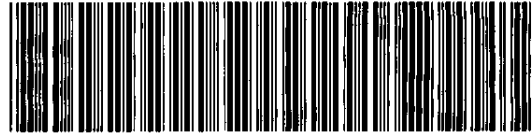
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TALLAHASSEE, FLORIDA

C

O/D
REP 9/27

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family Medical Services PA
(Name of Corporation)

DOCUMENT NUMBER: P10000006342

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

Please return all correspondence concerning this matter to the following:

Euglis C. Pena

(Name of Person)

Family Medical Services PA

(Name of Firm/Company)

3238 Coldwater Canyone Lane

(Address)

Katy, Texas 77449

(City/State and Zip Code)

For further information concerning this matter, please call:

Euglis C. Pena

(Name of Person)

at (

347

)

531-9562

(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

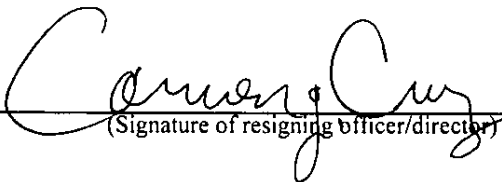
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Carmen G. Cruz, hereby resign as Treasure & Director
(Title)

of Family Medical Services PA
(Name of Corporation)

P10000006342, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
10 SEP 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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