

PI000000/3991

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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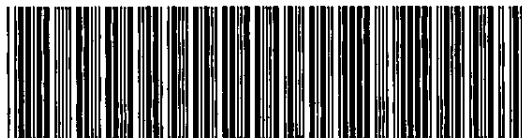
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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APR 08 2016

ALBRITTON

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Adolescent and Pediatric Medical Center PA  
(Name of Corporation)

DOCUMENT NUMBER: P10000013991

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

Please return all correspondence concerning this matter to the following:

Hasimu Henry  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1638 North Plaza Dr.  
(Address)

Tallahassee FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hasimu Henry at ( 850 ) 445-7955  
(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

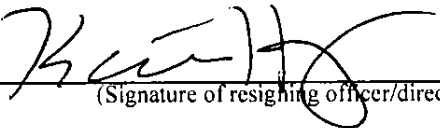
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Musimv Henry, hereby resign as COO  
(Title)

of Adolescent and Pediatric Medical Center P.A.  
(Name of Corporation)

010000013991, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 APR -8 PM 3:16

APPROVED  
AND  
FILED

**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