

P10000045468

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OFFICER/DIRECTOR RESIGNATION
OF SIMON MEDICAL MANAGEMENT INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000045468

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

Please return all correspondence concerning this matter to the following:

STEPHANIE TELESE
(Name of Person)

SIMON MEDICAL MANAGEMENT INC
(Name of Firm/Company)

204 37 AV N 303
(Address)

ST PETERSBURG FL 33704
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE TELESE at (727) 368-7467
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, STEPHANIE TELESE, hereby resign as VP
(Title)

of SIMON MEDICAL MANAGEMENT INC.
(Name of Corporation)

P10000045468, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Stelise

(Signature of resigning officer/director)

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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