

P10000081950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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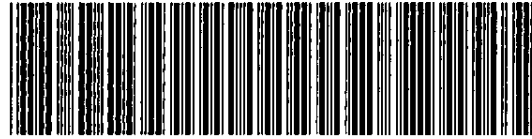
(Business Entity Name)

(Document Number)

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2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Manatee Medical Management, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P0000081950

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

Please return all correspondence concerning this matter to the following:

Dallas Moorhead
(Name of Person)

Manatee Medical Management, Inc dba
(Name of Firm/Company) WoundCure Services

11451 Westfield Blvd.
(Address)

Carmel, Indiana 46032
(City/State and Zip Code)

For further information concerning this matter, please call:

Dallas Moorhead at (317) 919-2466
(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, Wanda Moorhead, hereby resign as Treasurer
(Title)

of Manatee Medical Management, Inc.
(Name of Corporation)

70000081950, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Wanda Moorhead
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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