

P11000011519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

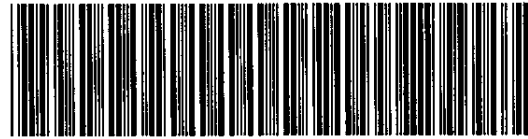
(Business Entity Name)

(Document Number)

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T. CARTER

14 FEB 13 PM 2:20

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TALLAHASSEE - FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRI-COUNTY PREMIER MEDICAL CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: P11000011519

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

Please return all correspondence concerning this matter to the following:

KING K YEOTAN

(Name of Person)

TRI-COUNTY PREMIER MEDICAL CENTER INC

(Name of Firm/Company)

3490 EAST LAKE ROAD #C

(Address)

PALM HARBOR FLORIDA 34685

(City/State and Zip Code)

For further information concerning this matter, please call:

KING K YEOTAN at **813 3775464**
(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**

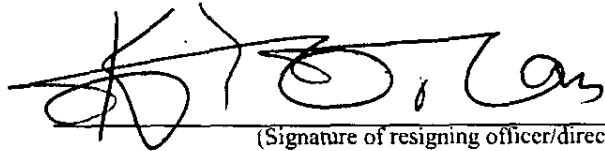
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 FEB 13 PM 2:20

I, KING K YEOTAN, hereby resign as CEO
(Title)

of TRI-COUNTY PREMIER MEDICAL CENTER INC,
(Name of Corporation)

P11000011519, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 2/12/14
(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