

P1100005080/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000249307450

07/08/13--01010--020 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -8 AM 9:35

Handwritten signature and date: 7/11/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRIME PERFORMANCE WELLNESS CENTERS INC
(Name of Corporation)

DOCUMENT NUMBER: P11000050801

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

Please return all correspondence concerning this matter to the following:

DEWITT MCDONALD

(Name of Person)

PRIME PERFORMANCE WELLNESS CENTERS INC

(Name of Firm/Company)

4610 Windward Cove Lane
(Address)

Wellington, FL 33449
(City/State and Zip Code)

For further information concerning this matter, please call:

DEWITT MC DONALD at (561) 351-4125
(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, CARLA MCDONALD, hereby resign as VICE PRESIDENT
(Title)

of PRIME PERFORMANCE WELLNESS CENTERS INC,
(Name of Corporation)

P11000050801, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -8 AM 9:35

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