

P110000056646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Office Use Only



300212582463

Resignation
of Officer

09/30/11--01008--007 **35.00

2011 OCT 17 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOOR
10/17/11

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2011

Claude B. Romulus MD
6211 SW 32nd Street
Miramar, FL 33023

SUBJECT: DIVINE FAMILY MEDICAL CENTER, INC.
Ref. Number: P11000056646

We have received your document for DIVINE FAMILY MEDICAL CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you wish to be removed as the registered agent and the president you will need to file a resignation of officer form and a resignation of registered agent form instead of filing Articles of Correction. You may use the \$35.00 filing fee that you sent in with the Articles of Correction to file the officer resignation but you will need to send an additional \$87.50 to resign as the registered agent. I have enclosed the correct forms for you to fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 611A00022901

RECEIVED

11 OCT 17 AM 8:00

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Divine Family Medical Center
(Name of Corporation)

DOCUMENT NUMBER: P11000056646

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

Please return all correspondence concerning this matter to the following:

Claude B Romulus, MD
(Name of Person)

(Name of Firm/Company)

6211 SW 32nd Street
(Address)

Miramar, FL 33023
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina Romulus at (954) 6651993
(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**

FILED
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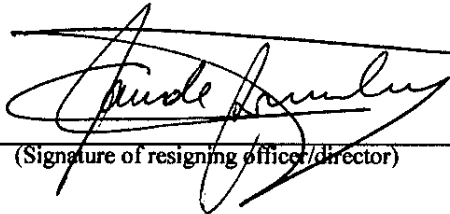
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Claude B Romulus, MD, hereby resign as Officer / Director
(Title)

of DIVINE FAMILY MEDICAL CENTER, INC.
(Name of Corporation)

P11000056646, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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