

P11000078595

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** medical managers of Central Florida Inc  
(Name of Corporation)  
**DOCUMENT NUMBER:** P11000078595

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

Please return all correspondence concerning this matter to the following:

Chris J Nibe  
(Name of Person)

medical managers of central fl Inc  
(Name of Firm/Company)

6882 SE 12th Circle  
(Address)

Ocala fl 34480  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris J Nibe at (352) 425-1750  
(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, Chris J Nube, hereby resign as President  
(Title)  
of Medical managers of Central Florida, Inc.  
(Name of Corporation)  
P11000078595, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

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**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