

P110000095490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

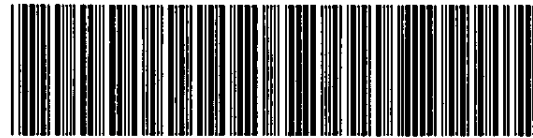
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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500244237385

Resignation  
Of Officer

02/05/13--01015--011 \*\*35.00

FILED  
2013 FEB -5 AM 9:51  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

DR  
2/6/13

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lantana Medical Center, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000095490

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

Please return all correspondence concerning this matter to the following:

Glenn D. Berger

(Name of Person)

Lantana Medical Center, Inc

(Name of Firm/Company)

6199 NW 31st Court

(Address)

Boca Raton, Florida 33496

(City/State and Zip Code)

For further information concerning this matter, please call:

Glenn Berger

(Name of Person)

at ( 561 ) 504-9566

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

2/4/13

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

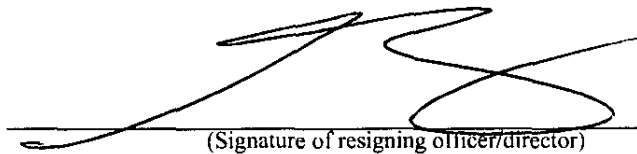
**FILED**  
**2013 FEB -5 AM 9:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, Glenn Berger, hereby resign as Director/Officer  
(Title)

of Lantana Medical Center, Inc  
(Name of Corporation)

P11000095490, 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