

P110000096474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Plantation Primary Care Physicians
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

HELEN RICHARDS
(Name of Person)

Plantation Primary Care Physicians, INC
(Name of Firm/Company)

499 NW 70th AVE # 220
(Address)

Plantation FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

HELEN RICHARDS at (954) 587 - 7577
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2014

HELEN RICHARDS
PLANTATION PRIMARY CARE PHYSICIANS
499 NW 70TH AVENUE #220
PLANTATION, FL 33317 US

SUBJECT: PLANTATION PRIMARY CARE PHYSICIANS, INC.
Ref. Number: P11000096474

We have received your document for PLANTATION PRIMARY CARE PHYSICIANS, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 614A00011720

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ASSESS FLOR

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

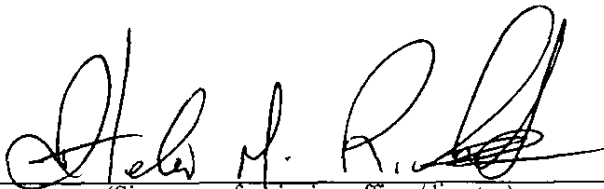
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TALLAHASSEE, FLORIDA

14 JUL -3 PM 12:15

I, Helen MARGARET RICHARDS, hereby resign as Treasurer + Director
(Title)

of PLANTATION PRIMARY CARE PHYSICIANS, INC.
(Name of Corporation)

911000096474, a corporation organized under the laws of the State of
(Document Number, if known)


(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