

PI3000040250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

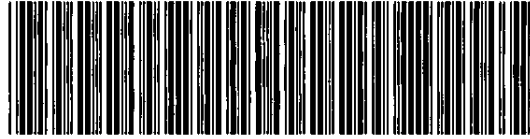
(Business Entity Name)

(Document Number)

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15 APR 24 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 30 2015  
T. LEMUEUX  
(Signature)

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gulf Coast Holistic and Primary Care inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 13 0000 40250

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

Please return all correspondence concerning this matter to the following:

Raquel Skidmore  
(Name of Person)

Gulf Coast Holistic and Primary Care inc.  
(Name of Firm/Company)

756 Harrison ave  
(Address)

Panama City FL 32401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raquel Skidmore at ( 850 ) 640-1530  
(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

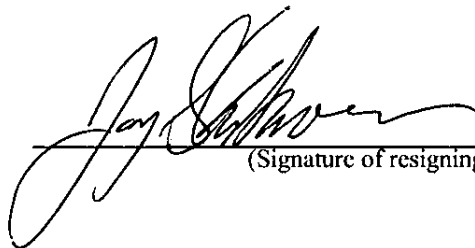
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jay Skidmore Sr, hereby resign as VP  
(Title)

of Gulf Coast Holistic and Primary Care Inc  
(Name of Corporation)

P13000040250, 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

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