

P130000083531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

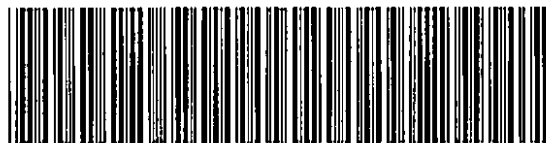
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Complete Care Medical Center, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000083531  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Christina Newberg  
\_\_\_\_\_

(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1360 NW 105th Ave  
\_\_\_\_\_

(Address)

Plantation, FL 33322  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Newberg at (786) 295-3167  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**FILED**  
**OFFICER / DIRECTOR RESIGNATION**  
**FOR A CORPORATION**

2021 OCT 21 AM 9:55


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Christina Newberg, hereby resign as President  
(Title)

of Complete CAre Medical Center, Inc  
(Name of Corporation)

P13000083531, 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