

P/3000084112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

FEB 17 2014

C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROWARD HEALTH MEDICAL GROUP, INC
(Name of Corporation)

DOCUMENT NUMBER: ~~PFD~~ P13000084112

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

Please return all correspondence concerning this matter to the following:

BERNARD DESPINOSSE
(Name of Person)

(Name of Firm/Company)

1120 SUNSET STRIP
(Address)

SUNRISE, FL, 33313
(City/State and Zip Code)

For further information concerning this matter, please call:

BERNARD DESPINOSSE at (954) 584-5257
(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, MOULTON KEANE, hereby resign as PTS
(Title)

of BROWARD HEALTH MEDICAL GROUP, INC.
(Name of Corporation)

P13000084112, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Moulton Keane
(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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TALLAHASSEE, FLORIDA