

P140000021072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
14 NOV 24 AM 10:42

C. Lewis
12-3-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Care Management Inc
(Name of Corporation)

DOCUMENT NUMBER: P14000021072

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

Phyicians Healthcare Management LLC

(Name of Firm/Company)

3215 NW 10th Terr Ste 208

(Address)

Oakland Park, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Gareth Rees

(Name of Person)

at (954) 445-7252

(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**

FILED
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DIVISION OF CORPORATIONS
14 NOV 24 AM 10:43

I, PHYSICIANS HEALTHCARE MANAGEMENT LLC, hereby resign as VICE PRESIDENT
(Title)

of ADVANCED CARE MANAGEMENT INC,
(Name of Corporation)

P14000021072, 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