

P15000024809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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2016 MAY 23 AM 11:36  
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TALLAHASSEE, FLORIDA

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MAY 25 2016

C. CARROTHERS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Officer Resignation  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000024809

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

Please return all correspondence concerning this matter to the following:

Michelle Hogan

(Name of Person)

H and B Medical, Inc.

(Name of Firm/Company)

4910 14th St. West, Ste 300

(Address)

Bradenton, FL 34207

(City/State and Zip Code)

For further information concerning this matter, please call:

Sean Hogan

(Name of Person)

at ( 941 ) 330-4605

(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, Michelle Hogan, hereby resign as CMO  
(Title)

of H and B Medical, Inc.  
(Name of Corporation)

P15000024809, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

*Michelle Hogan*  
(Signature of resigning officer/director)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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