

P15000045744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

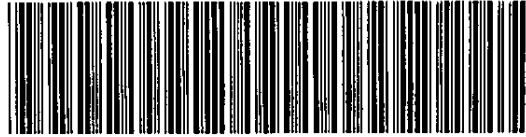
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Old Town Medical Centers, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P15000045744

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

Please return all correspondence concerning this matter to the following:

Timothy W. Mackey

(Name of Person)

Old Town Medical Centers, Inc.

(Name of Firm/Company)

PO Box 4115

(Address)

Key West, FL 33041

(City/State and Zip Code)

For further information concerning this matter, please call:

Bobbie J. Grimes

(Name of Person)

at ( 850 ) 376-8668

(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

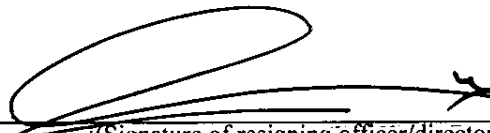
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Gilbert Shapiro, hereby resign as Vice President  
(Title)

of Old Town Medical Centers, Inc.  
(Name of Corporation)

P15000045744, 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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SECRETARY OF STATE  
TALLAHASSEE, FLA. 32314