

P/S 000085212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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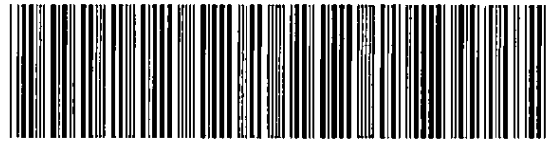
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clinical Research Billing, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P15000085212

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

Please return all correspondence concerning this matter to the following:

MaryAnn Bowman
(Name of Person)

Clinical Research Billing, Inc.
(Name of Firm/Company)

39 Tortuga Road
(Address)

Lake Worth, FL 33461
(City/State and Zip Code)

For further information concerning this matter, please call:

MaryAnn Bowman at (561) 577-1228
(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:

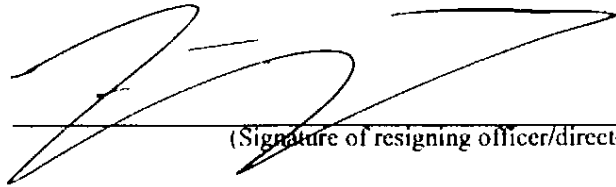
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MaryAnn Bowman, hereby resign as VP
(Title)

of Clinical Research Billing, Inc.
(Name of Corporation)

P15000085212, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

APPROVED
147.147.147

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