

P16 000100308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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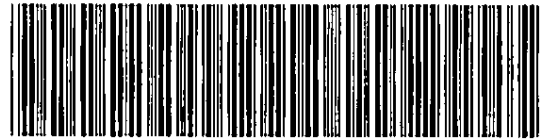
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS

FEB 05 2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TLC Medical Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P16000100308

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

Please return all correspondence concerning this matter to the following:

Nancy Witherow
(Name of Person)

TLC Medical Group, Inc.
(Name of Firm/Company)

10207 Isle of Pines Court
(Address)

Pt St Lucie, FL - 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony B. Lewis, at (772) 526-9074
(Name of Person) (Area Code & Daytime Telephone Number)
IND

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

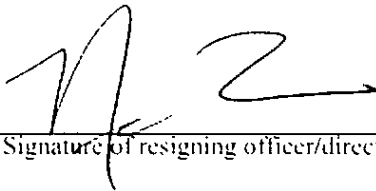
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Nancy Withrow, hereby resign as Director
(Title)

of TLC Medical Group, Inc.
(Name of Corporation)

P16000100308, 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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN -9 PM 5:18

FILED

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314