

P17000026435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

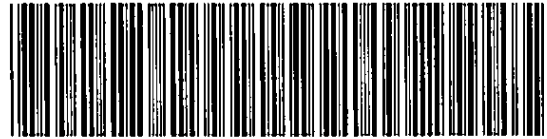
(Business Entity Name)

(Document Number)

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T. L. EMERY

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakeland Hills Medical Center
(Name of Corporation)

DOCUMENT NUMBER: P17000026435

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

Please return all correspondence concerning this matter to the following:

Cynthia Kelly
(Name of Person)

Lakeland Hills Medical Center
(Name of Firm/Company)

703 Camarague Place
(Address)

Lake Mary, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Kelly at 407, 334-9113
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Cynthia Kelly, hereby resign as V.P. & Treasurer
(Title)

of Lakeland Hills Medical Center, Inc.
(Name of Corporation)

P17000026435, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Cynthia Kelly
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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