

P18000 001 740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

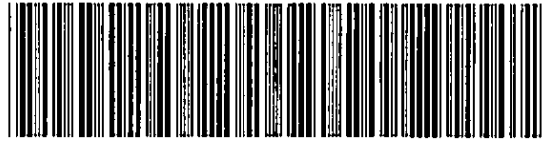
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/25/19--01012--018 **35.00

FILED
CLERK OF STATE
JUL 25 2019
10:00 AM
JUL 25 2019

Old Resignation

JUL 25 2019

D CUCHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STREAMLINE MEDICAL BILLING SERVICES INC

(Name of Corporation)

DOCUMENT NUMBER: P18000001740

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Frank Alfonso

(Name of Person)

Streamline Medical Billing Services

(Name of Firm/Company)

9055 SW 73rd Court, Unit 1505

(Address)

Miami, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Alfonso at (_____) 407 - 920 - 6080

(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

FILED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
JAN 10 2018
TALLAHASSEE, FL


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jonathan Crocker, hereby resign as Vice President
(Title)

of STREAMLINE MEDICAL BILLING SERVICES INC
(Name of Corporation)

P18000001740, 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

FILED
RECEIVED
JAN 17 2018
TALLAHASSEE, FLORIDA