

P18 000090198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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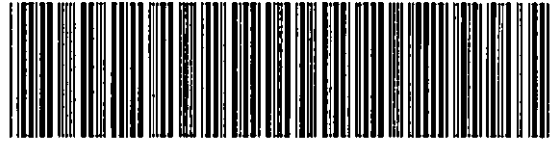
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Care First Medical Group, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P18000090198

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

Please return all correspondence concerning this matter to the following:

Sabriya Rogers  
(Name of Person)

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

1011 W. Oak Ridge Road, Ste A  
(Address)

Orlando, FL 32509  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Litter at ( 407 ) 484-9189  
(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, Cynthia Daniels Litter, hereby resign as Vice President  
(Title)

of Care First Medical Group, Inc.  
(Name of Corporation)

P18000090198, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Cynthia Daniels Litter  
(Signature of resigning officer/director)

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FILED

**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