

P19000030544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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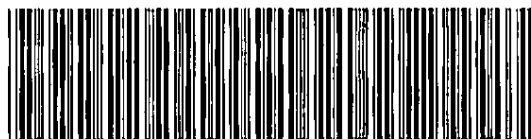
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEO Healthcare Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 190000 30544

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

Please return all correspondence concerning this matter to the following:

Dr. Timothy C. Lloyd
(Name of Person)

GEO Health Network LLC
(Name of Firm/Company)

209 Pine Glen Court
(Address)

Englewood FL 34223
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert N. Orswell at (941) 662-7911
(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, Timothy C. Lloyd, hereby resign as VP (Title)

of GEO Healthcare Inc
(Name of Corporation)

P 19000030544 a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Timothy C. Lloyd
(Signature of resigning officer/director)

TALLAHASSEE, FL

2019 OCT 22 PM 2:03

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