

P19 0000 69399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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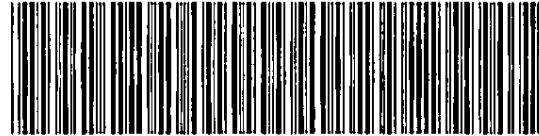
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FEB 22 2020

S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: US Medical Providers, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Tenvelens JEAN-LOUIS
(Name of Person)

(Name of Firm/Company)

22573 SW 65th TERRACE
(Address)

BOCA RATON, FL 33428
(City/State and Zip Code)

For further information concerning this matter, please call:

Tenvelens JEAN-LOUIS at (561) 634-5474
(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, TERVELENS JEAN-LOUIS, hereby resign as PRESIDENT
(Title)

of US MEDICAL PROVIDERS, INC.
(Name of Corporation)

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

FLORIDA

X Terveles Jean-Louis
(Signature of resigning officer/director)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 JAN 27 AM 7:18

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