

P20000001518

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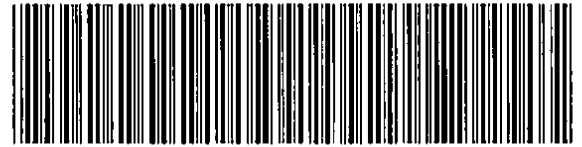
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TALLAHASSEE

2023 MAY 31 AM

FILED



TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Bay Medicare, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P20000001578

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

Please return all correspondence concerning this matter to the following:

David Poces

(Name of Person)

Tampa Bay Medicare, P.A.

(Name of Firm/Company)

P.O. Box 1088

(Address)

Boca Raton, FL 33429

(City/State and Zip Code)

For further information concerning this matter, please call:

David Poces

(Name of Person)

at (561) 302-6820
(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**

FILED
2023 MAY 31 AM
SECRETARY
TALLAHASSEE

I, Michele Poces, hereby resign as Vice President
(Title)

of Tampa Bay Medicare, P.A.
(Name of Corporation)

P20000001578
(Document Number, if known), a corporation organized under the laws of the State of
Florida

Michele Poces
(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