

P20 000003779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600344026716

05/15/20--01013--006 **35.00

FILED
2020 MAY 15 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 03 2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNCOAST MED-CARE, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P20000003779

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)

Suncoast Med-Care, P.A.

(Name of Firm/Company)

PO Box 1088

(Address)

Boca Raton, FL 33429

(City/State and Zip Code)

For further information concerning this matter, please call:

David Poces
_____ at (561) 302-6820
(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, JAMES VIRGILIO, hereby resign as PRESIDENT
(Title)

of SUNCOAST MED-CARE, P.A.
(Name of Corporation)

P20000003779, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

James Virgilio
(Signature of resigning officer/director)

2020 MAY 15 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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