

P200000035975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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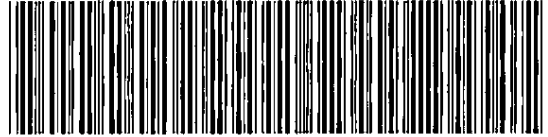
(Business Entity Name)

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S. PRATHER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PATIENT REACTIVATION SOLUTIONS, INC
(Name of Corporation)

DOCUMENT NUMBER: P20000035975

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

PAT CLOUDEN
(Name of Person)

PATIENT REACTIVATION SOLUTIONS, INC
(Name of Firm/Company)

1255 Cleveland St. #400
(Address)

Clearwater, FL 33755
(City/State and Zip Code)

For further information concerning this matter, please call:

PAT CLOUDEN at 727-452-5598
(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, NEIL WINTEREGG, hereby resign as PRESIDENT
(Title)

of PATIENT REACTIVATION SOLUTIONS, INC
(Name of Corporation)

P20000035975, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

DocuSigned by
Neil Winteregg
(Signature of resigning officer/director)

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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