

P20000056388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

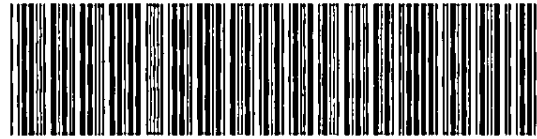
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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C. K. H.

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FIRST COMMUNITY HEALTH MEDICAL CENTER INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P20000056388  
\_\_\_\_\_

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

Mireille Victor  
\_\_\_\_\_

(Name of Person)

First Community Health Medical Center Inc  
\_\_\_\_\_

(Name of Firm/Company)

787 SW McCullough Ave  
\_\_\_\_\_

(Address)

Port St-Lucie, FL 34953  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Mireille Victor  
\_\_\_\_\_

(Name of Person)

at ( 561 317-4550 )  
(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

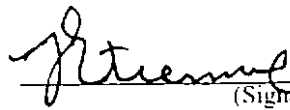
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Natacha Etienne, hereby resign as VP  
(Title)

of First Community Health Medical Center Inc  
(Name of Corporation)

P20000056388, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG -5 AM 10:53

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**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