

P93000056010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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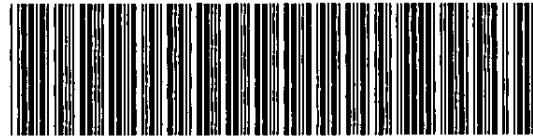
(Business Entity Name)

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C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONWIDE MEDICAL HOSPITALITY SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P93000056010

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

Please return all correspondence concerning this matter to the following:

George H Mundell Jr.

(Name of Person)

NATIONWIDE MEDICAL HOSPITALITY SERVICES

(Name of Firm/Company)

2018 S Ridgewood Ave

(Address)

Edgewater, FL 32141

(City/State and Zip Code)

For further information concerning this matter, please call:

George H Mundell Jr at (386) 427-6482

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, June Mundell, hereby resign as Secretary
(Title)

of NATIONWIDE MEDICAL HOSPITALITY SERVICES, INC.
(Name of Corporation)

P93000056010, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

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12 SEP 27 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June Mundell
(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