

P94000006578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

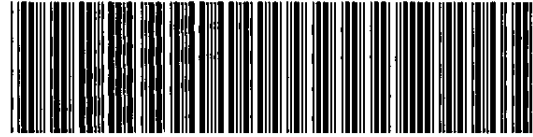
(Business Entity Name)

(Document Number)

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10/18/10--01003--002 \*\*35.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 18 AM 9:48

*C. Coulliette*  
C.COULLIETTE

OCT 19 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Advantage Medical Recovery Services, Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000006578

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

Please return all correspondence concerning this matter to the following:

Charles Hollenbeck, Pres.  
(Name of Person)

Advantage Medical Recovery Services Corp.  
(Name of Firm/Company)

P.O. Box 16911  
(Address)

Tampa, FL 33687  
(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Hollenbeck at ( 813 ) 684-6729  
(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, Belinda Alonso, hereby resign as Treasurer  
(Title)

of Advantage Medical Recovery Services, Corp. as of 9/18/08  
(Name of Corporation)

P94000006578, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Belinda Alonso  
(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

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