

P94000060662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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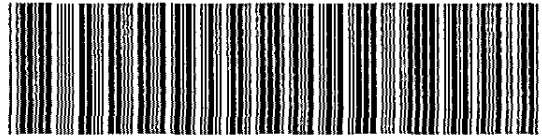
(Business Entity Name)

(Document Number)

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for/lin Remy

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07 MAR -8 PM 12:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAR 12 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE PROVIDER MANAGEMENT GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: P94000060662

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

Please return all correspondence concerning this matter to the following:

Dean Armitage

(Name of Person)

THE PROVIDER MANAGEMENT GROUP, INC.

(Name of Firm/Company)

111 N ORANGE AVENUE 2000

(Address)

ORLANDO FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Dean Armitage

(Name of Person)

at (407) 902-9791

(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**

FILED
07 MAR -8 PM 12:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

I, Dean Armitage, hereby resign as Director
(Title)

of THE PROVIDER MANAGEMENT GROUP, INC.
(Name of Corporation)

P94000060662, a corporation organized under the laws of
(Document Number, if known) Florida


(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