494000662

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name	ə)
(Do	ocument Number)	
, Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Superior
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:
Mark Bernet
(Name of Person)
Mirabilis Ventures
(Name of Firm/Company)
111 N. Orange Avenue, Suite 2000
(Address)
Orlando, Florida 32801
(City/State and Zip Code)
For further information concerning this matter, please call:
Chad A. Walters at (407) 702-6635 (Name of Person) (Area Code & Daytime Telephone Number)
(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 Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. Chad A. Walters	, hereby resign as Sε	ecretary	ary	
,	,,g	(Title)		
of_ The Provider Management Gro			.,	
(Name o	f Corporation)			
P9400060662 (Document Number, if known)	, a corporation organized under	the laws of the State of		
Florida				
(Signature)	gnature of resigning officer/director)	07 MAR 23 PM 12: 19 SECHE LARY OF STATE TALLAHASSEE, FLORID		

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