P9400074880

(Re	equestor's Name)	
(Ac	idress)	
	ddress)	
(AC	idlessj	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Name	<u></u>
(50	Jamesa Littly Harrie	= /
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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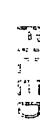
Office Use Only



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2022 DEC -7 PH I2: 0



ExoE118 1)

TRANSMITTAL LETTER

SUBJECT: FAMILY INTERNAL MEDICINE	(Name of Corporation)
DOCUMENT NUMBER: P94000074880	·
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ing this matter to the following:
Myres, Celia	
(Name of Person)	
FAMILY INTERNAL MEDICINE, P.A.	
(Name of Firm/Company	y)
9013 Southern Breeze Dr	
(Address)	
ORLANDO, FL 32836	
(City/State and Zip Code	<u>e)</u>
For further information concerning this m	natter, please call:
Ram Reddy	at () (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.
/ Mailing Address:	Street Address:

Tallahassee, FL 32314

Amendment Section

P.O. Box 6327

Division of Corporations

Amendment Section

TO:

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

Celia Myres I.	MGMR hereby resign as	MGMR hereby resign as		
		(Title)		
FAMILY INTERNAL MED				
	(Name of Corporation)			
P94000074880	, a corporation organized under the l	laws of the State of		
(Document Number, if kn	lown)			
Florida	·			
	Celia Myses (Signature of resigning officer/director)	2022 DEC -7 PM 12: C		

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