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TRANSMITTAL LETTER

Division of Corporations SUNLIFE PEDIATRIC NETWORK, INC. (Name of Corporation) DOCUMENT NUMBER: P94000083129 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amy J. Galloway, Esq. (Name of Person) Amy J. Galloway, P.A. (Name of Firm/Company) The Tides, Suite 226, 3020 NE 32nd Avenue (Address) Fort Lauderdale, FL 33308 (City/State and Zip Code) For further information concerning this matter, please call: Amy J. Galloway
(Name of Person)

at (954) 315-4887
(Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Syd Mogg	, hereby resign as Treasurer (Title)
or SUNLIFE PEDIAT	RIC NETWORK, INC.
P94000083129 (Document Number, if known)	ne of Corporation), a corporation organized under the laws of the State of
Florida	·
	2018 NOV 30
	(Separate of recigning 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 Talluhassee, Florida 32314