

P95000004171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

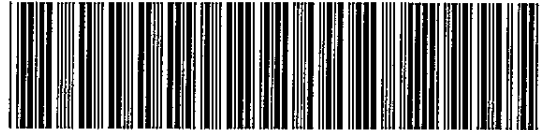
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300008483223

10/22/02--01059--005 **35.00

FILED

02 OCT 22 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN OCT 24 2002

Officer Resignation

HIGH SPRINGS MEDICAL CENTER, P.A.

105 N.W. Santa Fe Blvd.
P.O. Box 834
High Springs, FL 32643-0834

Family Medicine

Edward S. McIntyre, M.D.
David J. Selman, M.D.

Telephone
904-454-7746

October 9, 2002

RE: High Springs Medical Center, PA
High Springs Medical Property, Inc

Dear Sirs:

Enclosed please find two copies of resignation of director forms for the above mentioned corporations.

Please acknowledge receipt of these resignations and return a copy to the following address:

David Selman
9221 SW 42nd Lane
Gainesville, FL 32608

I will distribute copies to the respective corporations.

Thank you for your assistance in this matter,



David Selman

FILED
02 OCT 22 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, David Selman, hereby resign as President and Secretary
(Title)

of High Springs Medical Property, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314