

P95000023926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Special Instructions to Filing Officer:

Robert Trion GAVE

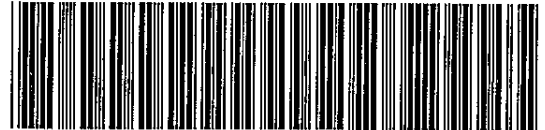
AUTHORIZED BY PHONE TO

BOARD BY Corp Name

DATE 4/5/05

BY Drinnell

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03/28/05--01021--005 **35.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 28 PM 3:11

✓ O/D Resign
04/5/05
Dr

TRANSMITTAL LETTER

TO: Amendment Section
Division Of Corporations

Subject: Memorial Medical Development, Inc

Document Number: P95000023926

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

Please return all correspondence concerning this matter to the following:

Robert Irion

Memorial Medical Development Inc.

34 Arlington Road South

Jacksonville, FL 32216

For further information concerning this matter, please call:

Robert K. Irion, Sr. at 904 722 9994

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044 (11/02)


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROBERT K. IRION SR., hereby resign as PRESIDENT
(Title)

of MEMORIAL MEDICAL DEVELOPMENT, INC.
(Name of Corporation)

P95000023926, a corporation organized under the laws of the State of
(Document number, if known)

FLORIDIA


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 28 PM 3:11

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