

P95000046292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

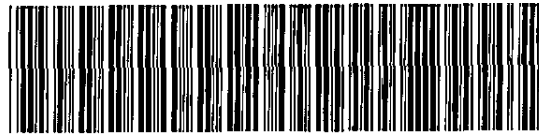
(Business Entity Name)

(Document Number)

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10/10/05--01001--002 **35.00

*Resignation
of
officer*

FILED
-05-SEP 30 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Adl

10/7/05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

Doctor's Care of Stuart, Inc
(Name of Corporation)

DOCUMENT NUMBER:

P 95000046292

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

Please return all correspondence concerning this matter to the following:

Suzann Elliott
(Name of Person)

(Name of Firm/Company)

25 W Highpoint Rd
(Address)

Stuart FL 34996
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzann Elliott at (772) 219-9520
(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
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 SEP 30 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Suzann Elliott, hereby resign as Secretary
(Title)

of Doctor's Care of Stuart Inc
(Name of Corporation)

P 95000046292, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Suzann Elliott
(Signature of resigning 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
Tallahassee, Florida 32314