

P950000 46292

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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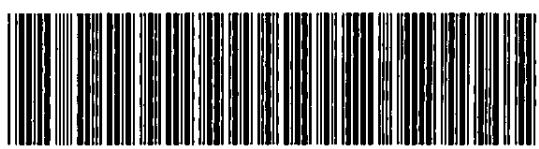
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3 02/02/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Doctor's Care of Stuart Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000046292

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

Please return all correspondence concerning this matter to the following:

Paul Elliott  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

25 W. Highpoint Road  
(Address)

Stuart, FL 34996  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Elliott at ( 772 ) 285-7310  
(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**  
07 MAY -9 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Paul Elliott, hereby resign as President  
(Title)

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

P95000046292, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(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