

P95000092441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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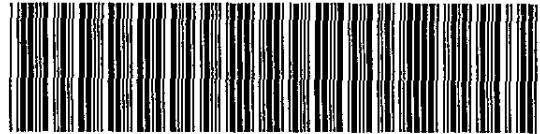
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. Coullista AUG 24 2005

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** P95000092441

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

Please return all correspondence concerning this matter to the following:

Nicholas Elliott  
(Name of Person)

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

8 NE Lagoon Island Court  
(Address)

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

For further information concerning this matter, please call:

Nicholas Elliott at ( 772 ) 530-5000  
(Name of Person) (Area Code & Daytime Telephone Number)

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

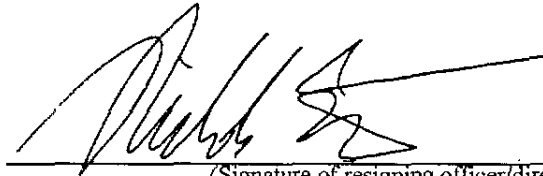
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Nicholas Elliott, hereby resign as Vice President  
(Title)

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

P95000092441, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

FILED  
05 AUG 22 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**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