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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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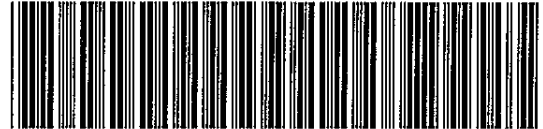
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**PROFESSIONAL CENTER FOR INTERNAL
MEDICINE, INC.
13911 LAKESHORE BLVD.
HUDSON, FL. 34667
PHONE: 727-863-5449
FAX: 727-861-7539**

AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

August 11, 2003

Dear Sir/Ms.

Enclosed herewith is the transmittal letter and the resignation letter from the former President / Director of Professional Center for Internal Medicine. I have enclosed a check for \$ 35.00.

Thank you,

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Mohan Kutty', with a stylized flourish at the end.

MOHAN KUTTY

President / Director
Professional Center for Internal Medicine

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL CENTER FOR INTERNAL MEDICINE
(Name of Corporation)

DOCUMENT NUMBER: P96000020000

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

Please return all correspondence concerning this matter to the following:

MOHAN KUTTY
(Name of Person)

PROFESSIONAL CENTER FOR INTERNAL MEDICINE
(Name of Firm/Company)

13911 LAKESHORE BLVD SUITE G
(Address)

HUDSON FLORIDA 34667
(City/State and Zip Code)

For further information concerning this matter, please call:

MOHAN KUTTY at (727) 863-5449
(Name of Person) (Area Code & Daytime Telephone Number)

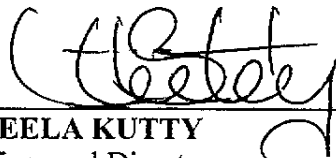
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**RESIGNATION AND RENOUNCEMENT OF
ANY OWNERSHIP INTEREST**

I, SHEELA KUTTY hereby resign as any officer and director of the **PROFESSIONAL CENTER FOR INTERNAL MEDICINE (Spring Hill)**, a Florida Corporation, which is effective immediately on May 31, 2001. I further renounce any ownership interest I may have had in said corporation.


SHEELA KUTTY
Officer and Director

APPROVED AND ACCEPTED BY:


MOHAN KUTTY
Authorized Signatory
Shareholder and Director

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA