

P96000100892

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0115 Resign.
Lm
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPLETE WELLNESS MEDICAL CENTER OF WINTER PARK, INC.
(Name of Corporation)

DOCUMENT NUMBER: P96000100892

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Spencer Rhodes, Esq.
(Name of Person)

R. Spencer Rhodes, P.A.
(Name of Firm/Company)

126 East Jefferson Street
(Address)

Orlando, Florida 32801-1830
(City/State and Zip Code)

For further information concerning this matter, please call:

Spencer Rhodes, Esq. at (407) 843-4310
(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, S. Tracy Rhodes, hereby resign as Secretary
(Title)

of COMPLETE WELLNESS MEDICAL CENTER OF WINTER PARK, INC.
(Name of Corporation)

P96000100892, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

S. Tracy Rhodes
(Signature of resigning officer/director)

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03 OCT 10 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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