

Requestor's Name
 Address
 City/State/Zip Phone #

P97000052458

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
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2. _____
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

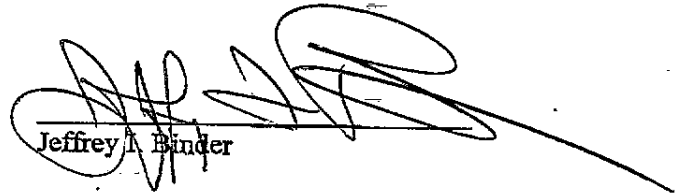
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 99 MAR 15 PM 1:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Handwritten:
 P97000052458
 03/15/99
 285

Examiner's Initials	
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RESIGNATION

I, Jeffrey I. Binder, hereby tender my resignation as a Director of Atlantic Family Medical Center, Inc., as of the 1st day of January, 1999.


Jeffrey I. Binder

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA