

DD / Res  
@ 8/12/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** East Orlando Family Medicine P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 970000 96292

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

Please return all correspondence concerning this matter to the following:

George M. Hudson  
(Name of Person)

Woodland Lakes Family Practice  
(Name of Firm/Company)

10902 Dylan Loren Circle  
(Address)

Orlando FL 32825  
(City/State and Zip Code)

For further information concerning this matter, please call:

Judith Gerena at ( 407 ) 380 7966  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2008

GEORGE M. HUDSON  
WOODLAND LAKES FAMILY PRACTICE  
10902 DYLAN LOREN CIRCLE  
ORLANDO, FL 32825

SUBJECT: EAST ORLANDO FAMILY MEDICINE ASSOCIATES, P.A.  
Ref. Number: P97000096292

We have received your document for EAST ORLANDO FAMILY MEDICINE ASSOCIATES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the officer name so that it reflect our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 208A00044242

RECEIVED  
2008 AUG 11 AM 8:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, George Hudson D.O., hereby resign as President  
(Title)

of East Orlando Family Medicine, P.A.  
(Name of Corporation)

P97000096292, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

08 AUG 11 PM 2:34

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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