

P97000696292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

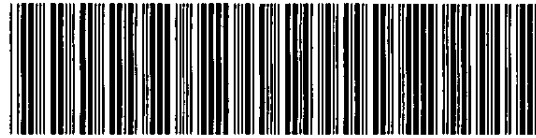
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TALLAHASSEE, FLORIDA

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[Signature]

10-3/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EAST ORLANDO FAMILY MEDICINE, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000096292

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

Please return all correspondence concerning this matter to the following:

RONALD C. MALLONEE, D.O.  
(Name of Person)

(Name of Firm/Company)

P.O. BOX 781789  
(Address)

ORLANDO, FL 32878-1789  
(City/State and Zip Code)

For further information concerning this matter, please call:

VALERIE HILL at (407) 925-2713  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, RONALD C. MALLONEE, hereby resign as V T  
(Title)

of EAST ORLANDO FAMILY MEDICINE ASSOCIATION,  
(Name of Corporation) P.A.

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



(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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