

P97000098432

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(Requestor's Name)

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(Address)

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TALLAHASSEE, FLORIDA  
13 OCT 28 AM 8:16

NOV -5 2013

T. CARTER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ocala Geriatric Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000098437

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

Please return all correspondence concerning this matter to the following:

**Teresa A. Spogen**

(Name of Person)

**Ocala Geriatric Services, Inc.**

(Name of Firm/Company)

**1300 SW 42nd Street**

(Address)

**Ocala, FL 34471**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Teresa A. Spogen**

(Name of Person)

at ( **352** ) **207-9505**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 OCT 28 AM 8:16

I, SIDNEY E. CLEVINGER, M.D., hereby resign as President  
(Title)

of Ocala Geriatric Services, Inc.  
(Name of Corporation)

P97000098437, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**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