P97000107213

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	<u></u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Sweetwater Medical (Name) DOCUMENT NUMBER: P97000107213	l East, Inc
The enclosed Officer/Director Resignation for a C	
Please return all correspondence concerning this	matter to the following:
Cleveland D West	
(Name of Person)	
Sweetwater Medical East,	Inc
(Name of Firm/Company)	
PO BOX 9720	
(Address)	
Tavernier FL 33070	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Melanie Cerra	305 852-7375 x309 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to t	he Florida Department of State.

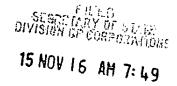
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



L Cathy Battreall	hereby resign as Senior VP and Director
1.	(Title)
_{of} Sweetwater Medical Ι	
	(orporation)
	eorporation organized under the laws of the State of
(Document Number, if known)	·
FL	
Carl	ature of fesigning officer/director)
(Sign	ature of fesigning officer/director)

FILING FEE IS \$35.00

Make cheeks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314