

P98000010487

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEARING CENTER OF THE VILLAGE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 98000010487

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

Please return all correspondence concerning this matter to the following:

CHERY L. CAMPBELL  
(Name of Person)

HEARING CENTER OF THE VILLAGE, INC  
(Name of Firm/Company)

17860 SE 109<sup>th</sup> AVE, UNIT 626  
(Address)

SUMMERFIELD FL 34491  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY JO MARVIN at (352) 307-7377  
(Name of Person) (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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CHERYL CAMPBELL, hereby resign as VICE-PRESIDENT  
(Title)

of HEARING CENTER OF THE VILLAGE INC,  
(Name of Corporation)

P 98000010487, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

x Cheryl L. Campbell  
(Signature of resigning officer/director)

FILED  
05 AUG -5 AM 9:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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