

P98 0000 68747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400209851524

07/14/11--01012--007 **35.00

FILED
M JUL 14 PM 2:39
SECRETARY OF STATE
CALIFORNIA

O/D Resign.

7/15/11

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Comprehensive Practice Mgt., Corp
(Name of Corporation)

DOCUMENT NUMBER: P98000068747

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

Please return all correspondence concerning this matter to the following:

Chuck Hollenbeck
(Name of Person)

Comprehensive Practice Mgt. Corp.
(Name of Firm/Company)

P.O. Box 16911
(Address)

Tampa, FL 33689
(City/State and Zip Code)

For further information concerning this matter, please call:

Chuck Hollenbeck at (813) 695-0779
(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, Belinda Alonso, hereby resign as Vice President
(Title)

of Comprehensive Practice Management, Corp.
(Name of Corporation)

P98000068747, a corporation organized under the laws of the State of
(Document Number, if known)

Florida as of 10/15/08.

Belinda Alonso
(Signature of resigning officer/director)

FILED
M JUL 14 PM 2:39
SECRETARY 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