

P98000094556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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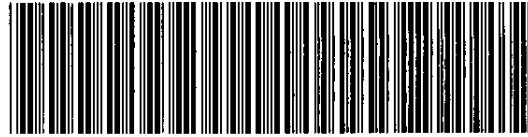
(Business Entity Name)

(Document Number)

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NOV 08 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

Acute Care Team Inc
(Name of Corporation)

DOCUMENT NUMBER: _____

P98000094886

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

Please return all correspondence concerning this matter to the following:

NANCY A WOOD

(Name of Person)

Acute Care Team Inc

(Name of Firm/Company)

5350 Gulf of Mexico Drive, Suite 103
(Address)

Longboat Key, FL 34228

(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY A WOOD

(Name of Person)

at (

941) 778-2641

(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, NANCY A WOOD, hereby resign as Director
(Title)

of Acute Care Term, Inc.
(Name of Corporation)

P98 00094886, 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

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