

99000013297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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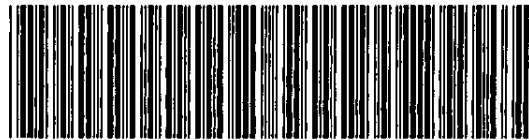
(Business Entity Name)

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2/11/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOCTORS R VS WALK-IN CLINIC, INC
(Name of Corporation)

DOCUMENT NUMBER: P99000013297

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

Please return all correspondence concerning this matter to the following:

Ana Maria Vargas
(Name of Person)

Doctors R Vs Walk-In Clinic, Inc.
(Name of Firm/Company)

8001 N Dale Mabry Hwy Ste 701
(Address)

Tampa, FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Maria Vargas at (813) 410-6871
(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, ILKA D ACOSTA, hereby resign as Manager
(Title)
of Doctors R Us Walk-In Clinic, Inc.
(Name of Corporation)
P99000013297, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.

Ilka D. Acosta
(Signature of resigning officer/director)

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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