

P99000026027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

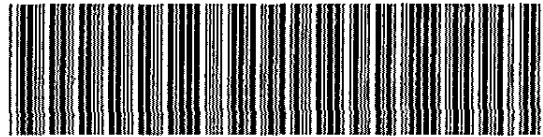
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05 JAN -3 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

officer Resignation

T BROWN JAN 10 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COASTAL HEALTH SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000026027

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

Please return all correspondence concerning this matter to the following:

MICHELLE BAKER

(Name of Person)

COASTAL HEALTH SERVICES, INC.

(Name of Firm/Company)

6320 ST. AUGUSTINE ROAD

(Address)

JACKSONVILLE, FL 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELLE BAKER

(Name of Person)

at (561) 272-3300

(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**

FILED
05 JAN -3 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, CYNTHIA CAMPBELL, hereby resign as DIRECTOR
(Title)

of COASTAL HEALTH SERVICES, INC.
(Name of Corporation)

P99000026027, 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