

P99000032357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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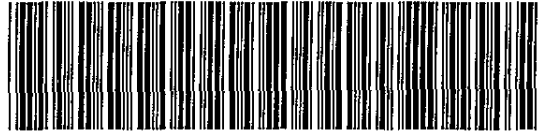
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Virtual Insurance Processing Systems Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000032357

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Carol S. Alexander

(Name of Person)

(Name of Firm/Company)

6001 N.W. 19th Street

(Address)

Sunrise, Florida 33313

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Alexander

(Name of Person)

at ( 954 ) 742-2694

(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, Carol Alexander, hereby resign as Vice President  
(Title)

of Virtual Insurance Processing Systems Corp  
(Name of Corporation)

P99000032357, 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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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