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Resignation
to officer

12/11/12--01005--011 **35.00

FILED
2012 DEC 11 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOOR
12/12/12

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tequesta Health Center
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Dr. Bonnie Murphy
(Name of Person)

Tequesta Health Center
(Name of Firm/Company)

169 Tequesta Dr., Suite 12E
(Address)

Tequesta, FL 33469
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Bonnie Murphy at (561) 747-7672
(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**

FILED

2012 DEC 11 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Mark Corry, hereby resign as Asst officer / PST
(Title)

of Tegesta Health Center, Inc.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

 12/7/12
(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