

P99000062511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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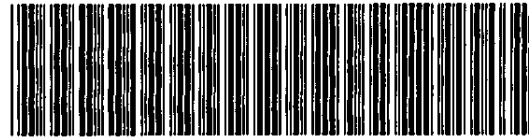
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

O/D Resign.

09-12-11

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KINGSWAY MEDICAL CENTER INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000062511

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

Please return all correspondence concerning this matter to the following:

ALEEM KANJI

(Name of Person)

FINANCIAL ACCOUNTING SERVICES, PLC

(Name of Firm/Company)

730 W. COLONIAL DR.

(Address)

ORLANDO, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

ZAHIR "KEN" KANJI, CPA

(Name of Person)

at (407) 423-2371

(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, MINA PATEL, hereby resign as DIRECTOR/SECRETARY
(Title)

of KINGSWAY MEDICAL CENTER, INC.
(Name of Corporation)

P99000062511, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

M. Patel
(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA