

P990000068402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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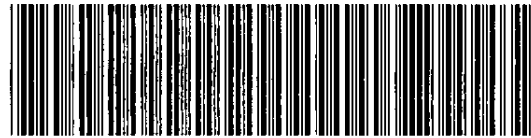
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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OD/Res
@ 5/6/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: East Coast Medical Services of the Keys
(Name of Corporation)

DOCUMENT NUMBER: P99000068402

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

Please return all correspondence concerning this matter to the following:

Kelli D. Malone
(Name of Person)

East Coast Medical Services of the Keys
(Name of Firm/Company)

3201 Flagler Ave #504
(Address)

Key West FL 33040
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelli D. Malone at (305) 292-3600
(Name of Person) (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, Kelli D Malone, hereby resign as President
(Title)

of EAST COAST Medical Services of the Keys, Inc.
(Name of Corporation)

P99000068402, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Kelli D Malone
(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

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