

NO6000006091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

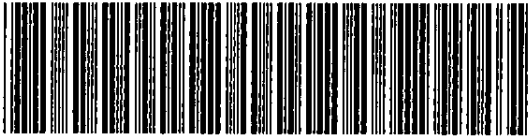
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature and date: 2-11-13

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIRACLE HEALTH CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO6000006091

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

Please return all correspondence concerning this matter to the following:

Ana Maria Vargas  
(Name of Person)

Miracle Health Center / Kenaday Medical, Inc  
(Name of Firm/Company)

8001 N Dale Mabry Hwy Ste 701  
(Address)

Tampa, FL 33614  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Maria Vargas at (813) 410-6871  
(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**

I, IRKA D. ACOSTA, hereby resign as T Manager Officer  
(Title)

of Miracle Health Center, Inc  
(Name of Corporation)

N06000006091, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Irka D. Acosta  
(Signature of resigning officer/director)

FILED  
13 FEB -8 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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