

N11000003245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

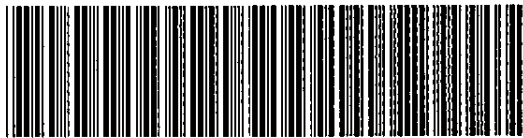
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500210572165

*Resignation
to officer*

08/05/11--0101--015 **35.00

FILED
2011 AUG -5 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Bob
8/9/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Educare Service Foundation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N11000003245

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

Please return all correspondence concerning this matter to the following:

Marlene Hudson

(Name of Person)

Last Resort Clinic

(Name of Firm/Company)

12945 Seminole Blvd Building 1 Suite 7

(Address)

Largo, Florida 33778

(City/State and Zip Code)

For further information concerning this matter, please call:

Marlene Hudson

(Name of Person)

at (727) 797-1787

(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**

FILED

2011-AUG -5 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Marlene Hudson, hereby resign as Director
(Title)

of Educare Service Foundation, Inc.
(Name of Corporation)

N11000003245, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Marlene Hudson
(Signature of resigning officer/director)

FILING FEE IS \$35.00

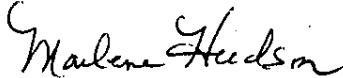
Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

It is important that my business address also be removed from Educare Service Foundation, Inc., which is 12945 Seminole Blvd. Building One Suite 7 Largo, Florida 33778. This address has no affiliation with this Corporation. This is the address of my place of business, Last Resort Clinic.

Thank you for assistance.

Regards,

A handwritten signature in cursive script that reads "Marlene Hudson". The signature is written in dark ink and is positioned below the typed name.

Marlene Hudson