

PKXX015941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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(Business Entity Name)

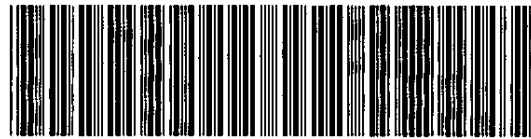
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANGE OF PRESIDENT/RESIGNATION
(Name of Corporation)

DOCUMENT NUMBER: P10000015941

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

Please return all correspondence concerning this matter to the following:

MILLIE JIMENEZ (OFFICE MANAGER)

(Name of Person)

HEALTH AND WELLNESS CLINIC OF SOUTH ORL

(Name of Firm/Company)

11364 SOUTH ORANGE BLOSSOM TRAIL

(Address)

ORLANDO FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

MILLIE JIMENEZ

(Name of Person)

at (407) 791-8050

(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, YESENIA TIRADO, hereby resign as PRESIDENT
(Title)

Center
of HEALTH AND WELLNESS CLINIC OF SOUTH ORLANDO, INC
(Name of Corporation)

P10000015941
(Document Number, if known), a corporation organized under the laws of the State of —

FLORIDA

Yesenia Tirado
(Signature of resigning officer/director)

FILED
2010 JUL -6 PM 12:33
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