

P10000025429

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14 APR -9 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. CARROTHERS

APR 16 2014

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEALTH MANAGEMENT VENTURES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000025429

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

Please return all correspondence concerning this matter to the following:

**EWAN LESLIE**

(Name of Person)

**HEALTH MANAGEMENT VENTURES, INC.**

(Name of Firm/Company)

**2215 N. MILITARY TRAIL, STE. O**

(Address)

**WEST PALM BEACH, FL 33409**

(City/State and Zip Code)

For further information concerning this matter, please call:

**EWAN LESLIE**

(Name of Person)

at ( **561** ) **948-4177**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**14 APR -9 PM 2:45**


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, **JENNIFER LESLIE**, hereby resign as **PRESIDENT**  
(Title)

of **HEALTH MANAGEMENT VENTURES, INC.**  
(Name of Corporation)

**P10000025429**, a corporation organized under the laws of the State of  
(Document Number, if known)

**FLORIDA**

  
(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