

J82-798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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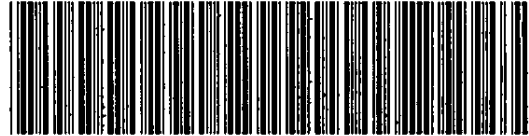
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/18/16

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Flare Medical Services Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** 182798

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

Please return all correspondence concerning this matter to the following:

Gladys L. Andrade.  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

61 Hook Square  
(Address)

Miami Springs, FL. 33166  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rogelio A. Caraballo at ( 305 ) 4988350  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Gladys L. Andrade, hereby resign as VP  
(Title)

of Flare Medical Services Corp.  
(Name of Corporation)

182798, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

x [Signature]  
(Signature of resigning officer/director)

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2018 MAY 16 PM 4:17  
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