L0900001691

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		-		
	•			

Office Use Only



800239475368

09/17/12--01003--004 **55.00

SECRETARY OF STATE

C. LEWIS

SEP 18 2012

EXAMINER

COVER LETTER

Division of Corporations

SUBJECT: Core Health Solutions, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Patricia Ziomek
(Contact Person)
QHM
(Firm/Company)
7945 Stone Crock Drive Suite 20
(City/State and Zip Code) MN 55317

For further information concerning this matter, please call:

Patricia Zio	mek at 7	63,237	2-1696
(Name of Contact Person)			Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee \$
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (5/06)

TO:

Registration Section



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 2012 SEP 17 PM 1: 14

FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as it appears on the records of the Florida Department	
of State is:	ORE HEALTH SOLUTIONS, LLC	
	lity company was organized under the laws of:	
3. The Florida doo	ment/registration number of this limited liability company is:	
109	00000 1691	
	ame of Person Resigning), hereby resign as a Managing Member (Print Title)	1
of this limited li resignation in w	oility company and affirm the limited liability company has been notified of my ting.	
E		
Signature of Re	gning Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	