196401

(Re	questor's Name)	
(Ad	dress)	···
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE.



TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: VICAR INC (Name of Corporation)
DOCUMENT NUMBER: L 96401
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Carol Rybalka (Name of Person)
VICAR NC (Name of Firm/Company)
217 SE 10th St (Address)
Ft. Lauderdale FL 33316-1025 (City/State and Zip Code)
For further information concerning this matter, please call:
Cavo Rybalka at (954) 537-7555 (Name of Person) at (954) 537-7555 (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 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Carol Ryk	oalka, hereby resign as Director	
of VICAR	\ \C .	
L96401	(Name of Corporation), a corporation organized under the laws of the State of	.,
(Document Number, if known	ı) 	

Carol Rylalka
(Signature of resigning officer/director)

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SECRETARY OF STATE
TAIL AHASSEE, 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