

L97 000000 383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

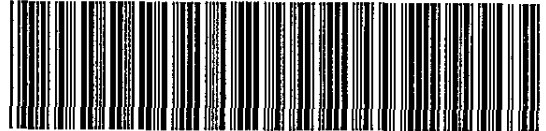
(Business Entity Name)

(Document Number)

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09/29/03--01047--009 \*\*35.00

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SEP 30 2003

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L97-383

OK



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 8, 2003

ROBERT VENNEY  
901 PONCE DE LEON 10TH FLOOR, STE 1000  
CORAL GABLES, FL 33134

SUBJECT: PAN AMERICAN HEALTH CARE, LLC  
Ref. Number: L97000000383

We have received your document for PAN AMERICAN HEALTH CARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 203A00055037

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PAN AMERICAN HEALTH CARE LLC  
(Name of Corporation)

DOCUMENT NUMBER: 497000000383

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

Please return all correspondence concerning this matter to the following:

ROBERT E. KENNEY  
(Name of Person)

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

901 Ponce de Leon 10<sup>TH</sup> FLOOR, SUITE 1000  
(Address)

CORAL GABLES, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) (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  
409 E. Gaines Street  
Tallahassee, FL 32399

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FLORIDA

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DIVISION OF CORPORATIONS

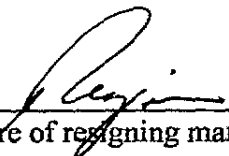
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, ROBERTO TEJADOR, hereby resign as DIRECTOR (MGR)  
(Title)

of PAN AMERICAN HEALTH CARE LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314