

N00000000 7547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

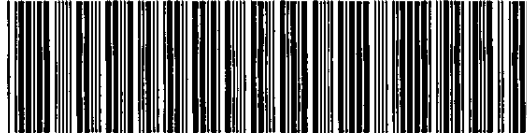
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 30 PM 1:38

C.L.
4-3-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Worth Health Center Corporation
(Name of Corporation)

DOCUMENT NUMBER: N00000007547

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

Please return all correspondence concerning this matter to the following:

Karen S. Rosen
(Name of Person)

Lake Worth Health Center Corporation
(Name of Firm/Company)

534 Datura St.
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Rosen at (561) 809-5736
(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAR 30 PM 1:38

I, Karen S. Rosen, hereby resign as VD
(Title)

of Lake Worth Health Center Corporation
(Name of Corporation)

N00000007547, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Karen S. Rosen
(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