

NO10000007742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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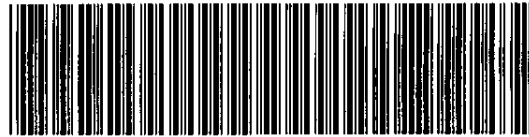
(Business Entity Name)

(Document Number)

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11 APR -4 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HEALTH CARE SOLUTIONS NETWORK, INC.  
(Name of Corporation)

DOCUMENT NUMBER: NO100000 7742

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

Please return all correspondence concerning this matter to the following:

DARREL CORRADINO  
(Name of Person)

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

13200 SW 128 ST., SUITE E1  
(Address)

MIAMI, FL. 33186  
(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.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
11 APR -4 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, DARREL CORRADINO, hereby resign as DIRECTOR/OFFICER  
(Title)

of HEALTH CARE SOLUTIONS NETWORK, INC.  
(Name of Corporation)

NO100000 7742, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(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