

NO4000004958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

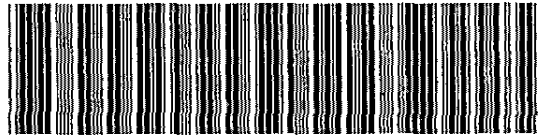
(Business Entity Name)

(Document Number)

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07 FEB -5 PM 1:45

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

ODR 2-5-07 CM

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hispanic Council For Alzheimer, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** ND040000004958

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

Please return all correspondence concerning this matter to the following:

Carmen M. Leon  
(Name of Person)

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

21 Golden Isles Dr, #PH-2  
(Address)

Hallandale Beach, FL 33009  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen M. Leon at 954 1455-5635  
(Name of Person) (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**

I, Mari Martinez, hereby resign as President  
(Title)

of Hispanic Council for Alzheimer, Inc.  
(Name of Corporation)

184000004954, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

[Signature]  
(Signature of resigning officer/director)

**FILED**  
07 FEB -5 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, 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