

NO6000006091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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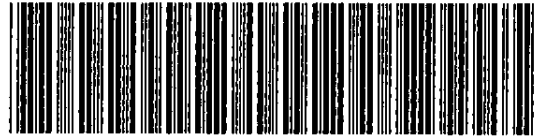
(Business Entity Name)

(Document Number)

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Handwritten signature and date: 2-11-13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIRACLE HEALTH CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: N06000006091

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

Please return all correspondence concerning this matter to the following:

Ana Maria Vargas
(Name of Person)

Miracle Health Center / Kenaday Medical, Inc
(Name of Firm/Company)

8001 N Dale Mabry Hwy Ste 701
(Address)

Tampa FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Maria Vargas at (813) 410-6871
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, IEKA D. ACOSTA, hereby resign as T Manager Officer
(Title)

of Miracle Health Center, Inc
(Name of Corporation)

N06000006091, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

IEKA D. ACOSTA
(Signature of resigning officer/director)

FILED
13 FEB -8 AM 9:13
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