

NI3000000817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

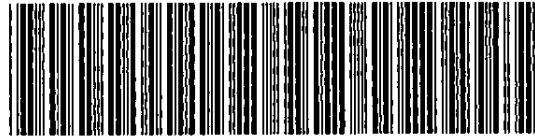
(Business Entity Name)

(Document Number)

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Resignation
to Officer

03/27/13--01005--019 **35.00

FILED
2018 MAR 27 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/4/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Providence Health Foundation, INC.
(Name of Corporation)

DOCUMENT NUMBER: N13000000817

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 Franceschini

(Name of Person)

Providence Health Foundation

(Name of Firm/Company)

43 S. Powerline Rd #305

(Address)

Pompano Beach, FL 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Franceschini at 954 857-7430

(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**

FILED
2019 MAR 27 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Brooke Tenebaum, hereby resign as Director
(Title)

of Providence Health Foundation, INC.
(Name of Corporation)

N13000000817, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Brooke Tenebaum
(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