

N14 0000000993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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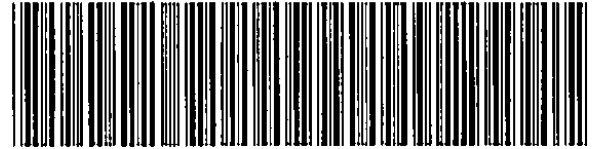
(Business Entity Name)

(Document Number)

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SEP 09 2021
ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paragon Community Healthcare, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N14000000993

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Theodore K. Ferguson, II

(Name of Person)

Paragon Community Healthcare, Inc.

(Name of Firm/Company)

6131 US Highway 19

(Address)

New Port Richey, Florida 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

Theodore K. Ferguson, II at (727) 842-6900

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tracey Hitchens (Anselmo), hereby resign as Director
(Title)

of Paragon Community Healthcare, Inc.
(Name of Corporation)

N14000000993, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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FILED

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