

N140000009969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

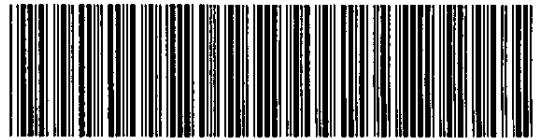
(Business Entity Name)

(Document Number)

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08/07/15--01015--019 \*\*35.00

*Resignation  
to officer*

FILED  
2015 AUG -7 PM 1:37  
TALMADGE  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

AUG 10 2015  
A RAMSEY

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** West Dade Community Health Centers, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N14000009969

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

Please return all correspondence concerning this matter to the following:

**Ricardo Mualin**

(Name of Person)

**West Dade Community Health Centers, Inc.**

(Name of Firm/Company)

**14740 SW 26 St., #106**

(Address)

**Miami, FL 33185**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Vivian Green**

(Name of Person)

at ( **305** ) **559-4710**

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

2015 AUG -7 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Elio Acosta, hereby resign as Vice President and Director  
(Title)

of West Dade Community Health Centers, Inc.  
(Name of Corporation)

N14000009969, 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