

N14000009969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

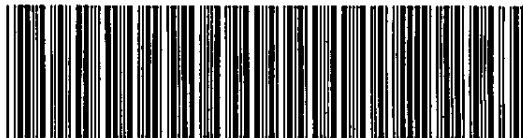
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: West Dade Community Health Center, 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 Center, Inc

(Name of Firm/Company)

14740 SW 26 Street Suite 106

(Address)

Miami, FL. 33185

(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo Mualin

(Name of Person)

at **(305) 785-2121**

(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

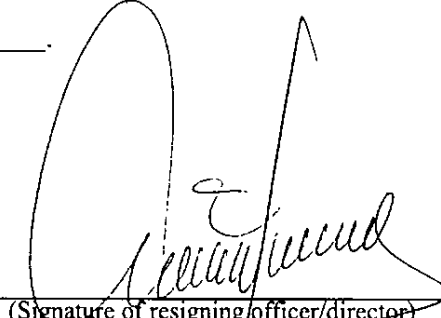
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Antonio Mattia, hereby resign as D/P
(Title)

of West Dade Community Health Center, 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)

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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