

N16000012180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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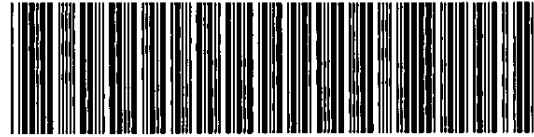
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE HEALTH CIRCLE FOUNDATION CORP
Name of Corporation

DOCUMENT NUMBER: N16000012180

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SERGE L. ALEXANDRE

Name of Contact Person

Firm/Company

10969 BAL HARBOUR DRIVE

Address

BOCA RATON, FL 33498

City/State and Zip Code

SERGEALEXANDRE56@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGE L ALEXANDRE at **561 613-5450**

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF AN OFFICER OF A CORPORATION

TO: THE HEALTH CIRCLE FOUNDATION CORP

AND TO: THE DIRECTORS THEREOF

I HEREBY tender my resignation as Vice-President, of the Corporation to take effect forthwith.

DATED: Tuesday, February 07, 2017

SERGE L ALEXANDRE

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TALLAHASSEE, FLORIDA