

N99000000691

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASHFORD HEALTHCARE SYSTEMS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 299000000691

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

Please return all correspondence concerning this matter to the following:

Michael A. Walsh  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

517 CLARK STREET  
(Address)

DEER LODGE, MT 59722  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Walsh at ( 406 ) 846-2212 EXT. 111  
(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**

I, Michael A. Walsh, hereby resign as Director  
(Title)  
of ASHAD HEALTHCARE SYSTEMS, INC.  
(Name of Corporation)

N99000000691

(Document Number, if known)

FLORIDA

, a corporation organized under the laws of the State of

M. A. Walsh  
(Signature of resigning officer/director)

**FILED**  
05 JUN 28 AM 11:31  
SECRETARY OF STATE  
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