

N9900000 1186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

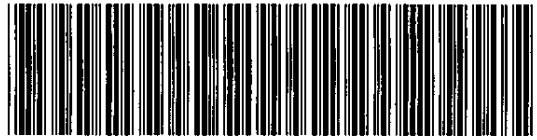
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100110791411

10/22/07--01057--024 **35.00

FILED
07 OCT 22 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/25/07
IS
DO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Institute For Cardiac Education
(Name of Corporation)

DOCUMENT NUMBER: 650902743

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

Please return all correspondence concerning this matter to the following:

Mina Soffer
(Name of Person)

National Institute For Cardiac Education
(Name of Firm/Company)

3702 Washington St. # 304
(Address)

Hollywood, FL 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

Mina Soffer at (954) 964-2216
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GAD SOFFER, hereby resign as VPD
(Title)

of National Institute For Cardiac Education
(Name of Corporation)

650902743, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
07 OCT 22 PM 3:33
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