

PO1000042753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2025 AUG -4 AM 9:20
FILE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPECIALIZED ON-SITE CARE MANAGEMENT, INC

(Name of Corporation)

DOCUMENT NUMBER: P01000042753

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

Please return all correspondence concerning this matter to the following:

KC Caldwell

(Name of Person)

Caldwell and Company

(Name of Firm/Company)

7501 NW 4th St Suite 112

(Address)

Plantation, FL 33317

(City/State and Zip Code)

For further information concerning this matter, please call:

KC Caldwell

(Name of Person)

954

5852216

at (_____)

(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:

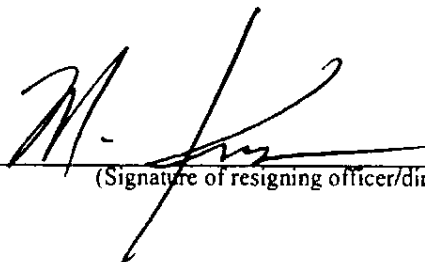
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Marc Kaufman, hereby resign as Director / President
(Title)

SPECIALIZED ON-SITE CARE MANAGEMENT, INC.
of _____
(Name of Corporation)

P01000042753, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

FILED
2025 AUG -14 PM 9:20
TALLAHASSEE

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