

PO1 0000 6T986

From: Simone Mila  
3660 Central  
Ave # Fort  
Myers FL 33901

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **300005636993--4**  
-05/29/02--01026--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 MAY 29 PM 4:28

CR2E031(7/97)

0/D Resign.

Examiner's Initials DC

06/04/02

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SECRETARY OF CORPORATIONS  
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## OFFICER / DIRECTOR RESIGNATION

I, SIMONE MILCE, hereby resign as PRESIDENT/OFFICER  
(Title)

of CENTER FOR FAMILY CARE, INC. (P01000067986)  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

Simone Milce  
(Signature of resigning officer/director)



DIAN M. EDWARDS  
MY COMMISSION # DD 104890  
EXPIRES: April 6, 2006  
Bonded Thru Budget Notary Services

*[Handwritten signature]*  
5/23/02

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**