

PD1000 108893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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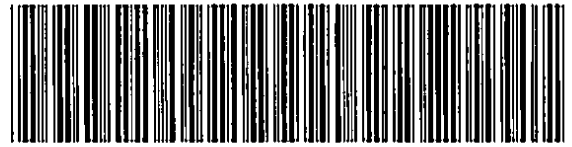
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/12/19

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WE CARE HEALTHCARE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000108893

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

Please return all correspondence concerning this matter to the following:

LORI GALE HURTIG
(Name of Person)

(Name of Firm/Company)

3 HUNTINGDALE ROAD
(Address)

WINNIPEG, MANITOBA, CANADA R3P 2G7
(City/State and Zip Code)

For further information concerning this matter, please call:

LORI GALE HURTIG at (204) 227-5185
(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
2661 Executive Center Circle
Tallahassee, FL 32301

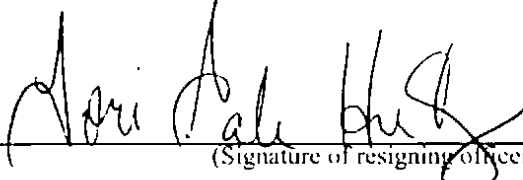
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LORI GALE HURTIG, hereby resign as OFFICER / DIRECTOR
(Title) TREASURER

of WE CARE HEALTHCARE, INC.
(Name of Corporation)

P01000108893, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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

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