

PO2 0000 46605

From: Simone Milce
3660 Central
Ave # Fort
Myers PL 33901

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #) 000005637000--0
-05/29/02--01026--005
2. _____ (Corporation Name) _____ (Document #) *****35.00 *****35.00
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)

O/D Resign.

Examiner's Initials

DC

06/04/02

OFFICER / DIRECTOR RESIGNATION

I, SUZANNE EXIUS, hereby resign as PRESIDENT/OFFICER
(Title)

of CENTER FAMILY CARE, INC. (P02000046605)
(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.

Suzanne Exius
(Signature of resigning officer/director)

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

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**