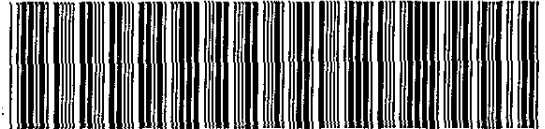


P02000054340

(Requestor's Name)

Assurance Care Management
5890 SW 8 ST
Miami, FL 33144



500013331575

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

03/10/03--01055--015 **35.00

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
03 MAR 10 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

na 3/11

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSURANCE CARE MANAGEMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000054340

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

Please return all correspondence concerning this matter to the following:

Gladys Isabel Valdes, Director/President

(Name of Person)

Assurance Care Management, Inc.

(Name of Firm/Company)

5890 S.W. 8th Street

(Address)

Miami, Florida 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Gladys Isabel Valdes

(Name of Person)

at (

305

) 266-0284
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Orlando Valdes, hereby resign as Director/President
(Title)

of Assurance Care Management, Inc.
(Name of Corporation)

P02000054340, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Orlando J. Valdes
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR 10 PM 12:33

FILED