

P02000074877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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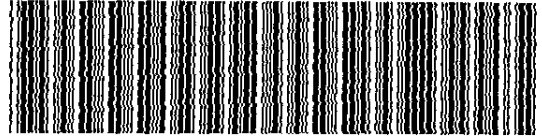
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HEALTHCARE DYNAMICS CONSULTING, INC.  
(Name of Corporation)

DOCUMENT NUMBER: PO2000074877

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

Please return all correspondence concerning this matter to the following:

DELOIS YOUNG  
(Name of Person)

HEALTHCARE DYNAMICS CONSULTING, INC.  
(Name of Firm/Company) SUITE #306

26133 U.S. HIGHWAY 19 NORTH  
(Address)

CLEARWATER, FL 33777  
(City/State and Zip Code)

For further information concerning this matter, please call:

DELOIS YOUNG at 727, 723-0451  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, HENRY DRILLER, hereby resign as DIRECTOR  
(Title)

of HEALTHCARE DYNAMICS CONSULTING, INC.  
(Name of Corporation)

P02000074877, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Henry Driller  
(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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CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

**FILED**