

P02000107379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

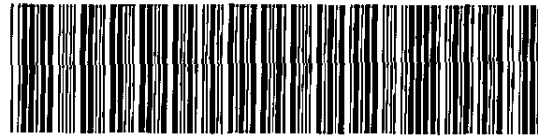
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TALLAHASSEE, FLORIDA

OLD Res.  
50

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** South Shore Health Benefits, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000107379

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

Please return all correspondence concerning this matter to the following:

Kimberly S. Barger

(Name of Person)

South Shore Health Benefits, Inc.

(Name of Firm/Company)

7039 US Hwy 301 S

(Address)

Riverview, FL 33569

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly S. Barger

(Name of Person)

at ( 813 ) 236-4020

(Area Code & Daytime Telephone Number)

RECEIVED  
05 NOV -7 AM 8:00  
DIVISION OF CORPORATIONS

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 8, 2005

Kimberly S. Barger  
South Shore Health Benefits, Inc.  
7039 US Hwy 301 S  
Riverview, FL 33569

SUBJECT: SOUTH SHORE HEALTH BENEFITS, INC.  
Ref. Number: P02000107379

We have received your document for SOUTH SHORE HEALTH BENEFITS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 405A00066734

RECEIVED  
05 NOV 18 AM 8:00  
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

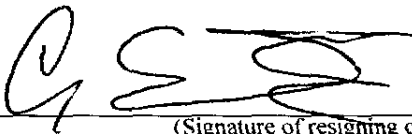
**FILED**  
**05 NOV 18 PM 4:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, Craig E. DeMask, hereby resign as Director  
(Title)

of South Shore Health Benefits, Inc.  
(Name of Corporation)

P02000107379, 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