

P02000107672

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: URGENT FAMILY HEALTH CARE INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000107672

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

Please return all correspondence concerning this matter to the following:

DR. ARLES PERDOMO

(Name of Person)

URGENT FAMILY HEALTH CARE INC.

(Name of Firm/Company)

5673 sw 137 AVE

(Address)

MIAMI, FL 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. ARLES PERDOMO

(Name of Person)

at (305) 387-0350

(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, HILDA O. RYAN, hereby resign as PRESIDENT
(Title)

of URGENT FAMILY HEALTH CARE INC.
(Name of Corporation)

P02000107672, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Hilda Ryan
(Signature of resigning officer/director)

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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