

P02000114838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

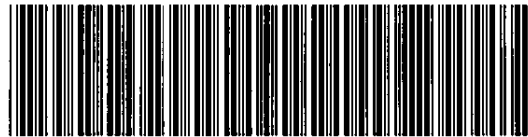
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TB

AUG 11 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BURTON'S HEALTH CAREER, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000114838

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

Please return all correspondence concerning this matter to the following:

THELMA BURTON  
(Name of Person)

BURTON'S HEALTH CAREER, INC  
(Name of Firm/Company)

7499 NW 48<sup>th</sup> ST  
(Address)

LAUDER HILL, FL 33319  
(City/State and Zip Code)

For further information concerning this matter, please call:

THELMA BURTON at (954) 822 2104  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, THELMA BARTON, hereby resign as PRESIDENT  
(Title)  
of BURTON'S HEALTH CAREER, INC.  
(Name of Corporation)  
P02000114838, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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