

P03000008916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

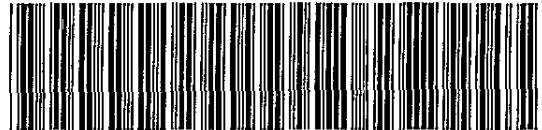
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700021511437

07/18/03--01037--008 **35.00

FILED
03 JUL 18 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resignation

mm
8/7/23/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Healthaccess Enrollment Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO3000008916

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

Please return all correspondence concerning this matter to the following:

Jonathan A. Pineda
(Name of Person)

(Name of Firm/Company)

PO Box 267785
(Address)

Weston, FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Pineda at (561) 541-1566
(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

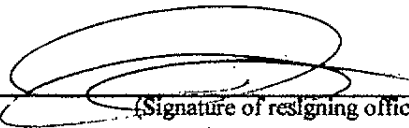
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jonathan A Pineda, hereby resign as V, S, D
(Title)

of Heathaccess Enrollment Center, Inc.
(Name of Corporation)

PO300008916, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
03 JUL 18 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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