

P03000048670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

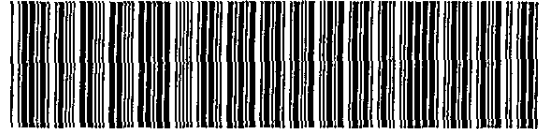
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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06/09/04--01034--014 **43.75

FILED
04 JUN -9 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN JUN 17 2004



HealthCare Plan of America
318 Indian Trace
Ft. Lauderdale, FL 33326

Tel: 954.785.CARE (2273)
Fax: 954.252.2528

www.healthcareplanofamerica.com

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee FL 32399

June 7, 2004

Dear Sir/Madam:

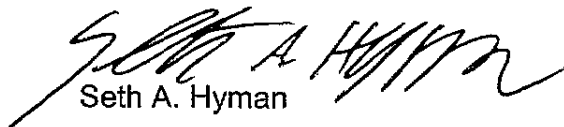
Enclosed are the following documents:

Officer/Director Resignation For A Corporation
(Enclosed Money order for \$43.75)

Resignation Of Registered Agent For A Corporation
(Enclosed Money order for \$96.25)

The total of each money order includes all associated costs to cover all necessary filings and to receive a certified copy of the filings.

Thank you in advance for your assistance.


Seth A. Hyman

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTHCARE PLAN OF AMERICA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000048670

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

Please return all correspondence concerning this matter to the following:

KEITH TAUB
(Name of Person)

HEALTHCARE PLAN OF AMERICA, INC.
(Name of Firm/Company)

318 INDIAN TRACE #507
(Address)

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

For further information concerning this matter, please call:

KEITH TAUB at (954) 394-9100
(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**

FILED
04 JUN -9 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SETH A. HYMAN, hereby resign as PRESIDENT
(Title)

of HEALTHCARE PLAN OF AMERICA, INC.
(Name of Corporation)

P03000048670, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

SETH A. HYMAN
(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