(Re	questor's Name)	
(Add	dress)	
(Add	dress)	<u> </u>
(City	y/State/Zip/Phon	e #)
		•
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificate:	s of Status
		<u> </u>
Special Instructions to F	Filing Officer:	
٠		

Office Use Only



100159875131

09/08/09--01057--012 **35.00

SEP 1 0 2009

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MERCY'S HEALTH, /WC. (Name of Corporation)
DOCUMENT NUMBER: <u>P03000099857</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
ADAM GANUZA (Name of Person)
(Name of Person)
MERCY'S HEAUTH /NC. (Name of Firm/Company)
(Name of Firm/Company)
8200 NW 27 ST. SUITE 117 (Address)
(Address)
DORAL, FU 33/22 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
ADAM GANUZA at (786) 295-0666 (Name of Person) (Area Code & Daytime Telephone Number)
(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 Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TASECRESE OF STATE

, MERCEDES MENEND	EZ, hereby resign as_	PRESIDENT
		(Title)
of MERCY'S H	EALTH /NC. of Corporation)	
(Name	of Corporation)	
P030000 99857 (Document Number, if known)	, a corporation organized und	der the laws of the State of
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