

P03000114900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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05/27/05--01002--006 **43.75

resignation
of
officer

RECEIVED
05 MAY 27 AM 10:31
DEPT. OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

FILED
05 MAY 27 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AR
5/27/05

Charter Number Only

VALIDATION ONLY

Elinia
Little Havana Professional
Requestor's Name
539 SW 12 AVE
Address
Miami FL 33130
City State ZIP Phone
305-325-1896

CORPORATION(S) NAME

VICTORY Health CARE, INC.

- | | | |
|---|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <u>Resignation</u> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Walk In | | <input type="checkbox"/> Mail Out |

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Empire Toll Free: 1-800-432-3028



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA
COUNTY OF MIAMI DADE

I, ARLES PERDOMO after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, ARLES PERDOMO, hereby resign as MEDICAL DIRECTOR of
(Title)
VICTORY HEALTH CARE, INC., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

Signature of resigning officer/director

Sworn to and subscribed before me this 24th day of May, 2005

NOTARY PUBLIC

My Commission Expires: _____

