

PO3000/24735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

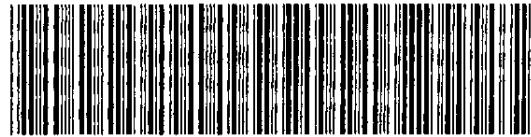
(Business Entity Name)

(Document Number)

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11 MAR -9 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/10/11
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Officer Resignation

(Name of Corporation)

DOCUMENT NUMBER: Healthcare Specialty Inc. PD3000124735

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

Please return all correspondence concerning this matter to the following:

Jerome Howard

(Name of Person)

Healthcare Specialty Inc.

(Name of Firm/Company)

1757 W. Brandon Blvd

(Address)

Brandon, Florida 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Jerome Howard

(Name of Person)

at (813) 962-6454

(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, JEROME HOWARD, hereby resign as CEO
(Title)

of HEALTHCARE SPECIALTY INC,
(Name of Corporation)

P03000124735, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Jerome Howard
(Signature of resigning officer/director)

APPROVED
AND
FILED
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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