

PO3000152435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

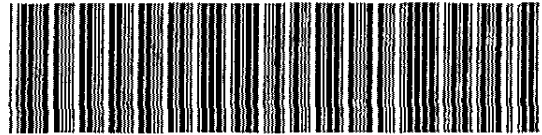
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600047838456

03/11/05--01030--019 **35.00

FILED
05 MAR 11 AM 8:16
SECRETARY OF STATE
ALTAHASSSE, FLORIDA

5-11-05 01:03 PM

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARE SERVICES OF FLORIDA, INC.

(Name of Corporation)

DOCUMENT NUMBER: P03000152435

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

Please return all correspondence concerning this matter to the following:

Pedro F. Martell, Esquire

(Name of Person)

Pedro F. Martell, P.A.

(Name of Firm/Company)

717 Ponce de Leon Boulevard, Suite 319

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Pedro F. Martell

(Name of Person)

at (305) 446-3400

(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, LYDIA CASAS, hereby resign as VICE-PRESIDENT & DIRECTOR
(Title)

of CARE SERVICES OF FLORIDA, INC.
(Name of Corporation)

P03000152435, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Lydia Casas
(Signature of resigning officer/director)

FILED
05 MAR 11 AM 8:16
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