

P04000029490

(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



700054495857

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 25 PM 1:15

FILED

05/25/05--01026--008 **35.00

DD

T. Smith

MAY 27 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARE Health & Wellness Centers Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000029490

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

Please return all correspondence concerning this matter to the following:

Matthew Sica
(Name of Person)

CARE Health & Wellness Center
(Name of Firm/Company)

8757 NW 57 St
(Address)

Tamarac, FL 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Sica at (954) 724-9585
(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

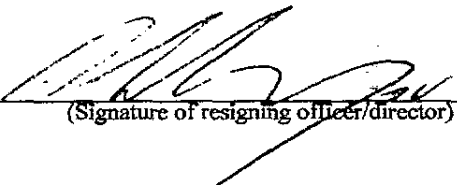
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Allan Sidorsky, hereby resign as Vice President
(Title)

of CARE HEALTH & WELLNESS CENTERS INC.
(Name of Corporation)

P04000029490, a corporation organized under the laws of the State of
(Document Number, if known)

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

FILED
05 MAY 25 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA