

PD40000045606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

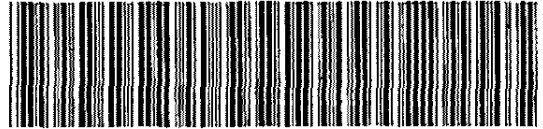
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Healthy Care Advantage Corp.

(Name of Corporation)

DOCUMENT NUMBER: P04000045606

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

Please return all correspondence concerning this matter to the following:

Jeanette Pineda

(Name of Person)

(Name of Firm/Company)

PO Box 1899

(Address)

Deland, FL 32721

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeanette Pineda

(Name of Person)

at (386) 848-1024

(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, Jeanette Pineda, hereby resign as V. President / Sec.
(Title)

of Healthy Care Advantage Corp.
(Name of Corporation)

P04000045606, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Jeanette Pineda
(Signature of resigning officer/director)

04 MAY 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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