

PO4 000097584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

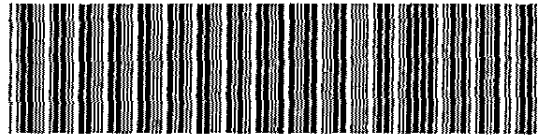
(Business Entity Name)

(Document Number)

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04 AUG 23 PM 12:00

CLERK OF STATE
TALLAHASSEE, FLORIDA

BS 8/31/04
o/p lcs.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Healthcare Marketing, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000097584

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

Please return all correspondence concerning this matter to the following:

Michael Haspel

(Name of Person)

National Healthcare Marketing, Inc.

(Name of Firm/Company)

6962 Consolata Street

(Address)

Boca Raton, Florida 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Haspel

(Name of Person)

at (954) 224-2374

(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

FILED

04 AUG 23 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Scott Schneider, hereby resign as Director
(Title)

of National Healthcare Marketing, Inc.
(Name of Corporation)

P04000097584, 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