

P04000143260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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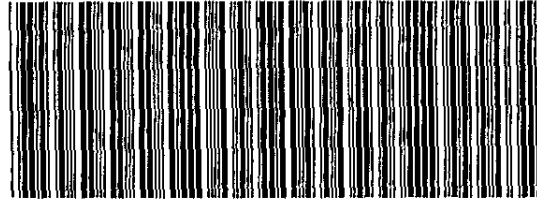
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Naples Health Group Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000143260

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

Please return all correspondence concerning this matter to the following:

Ismael Landron M.D.

(Name of Person)

Naples Health Group Associates, Inc.

(Name of Firm/Company)

PO Box 267591

(Address)

Weston, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Ismael Landron M.D. at (954) 385-9881
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

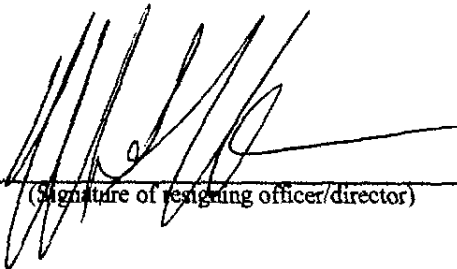
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Zoldan, hereby resign as President
(Title)
of Naples Health Group Associates, Inc.
(Name of Corporation)

P04000143260, 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

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FLORIDA