

P04000145402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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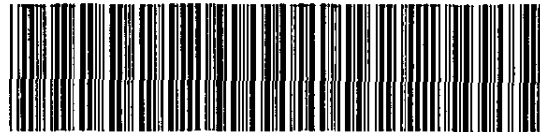
(Business Entity Name)

(Document Number)

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SECRETARY OF CORPORATIONS  
2004 DEC 27 PM 1:54  
11

*O/D resign*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEALTH NET CARE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000145402

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

Please return all correspondence concerning this matter to the following:

Alice Dawn Kerkvliet

(Name of Person)

(Name of Firm/Company)

1031 SW 112th Avenue

(Address)

Pembroke Pines, FL 33025

(City/State and Zip Code)

For further information concerning this matter, please call:

Alice Dawn Kerkvliet

(Name of Person)

at ( 954 ) 441-7790

(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2004 DEC 27 PM 1:54

I, Alice Dawn Kerkvliet, hereby resign as Director / All Corp. Titles  
(Title)

of HEALTH NET CARE, INC.  
(Name of Corporation)

P04000145402, 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