

PD4000166326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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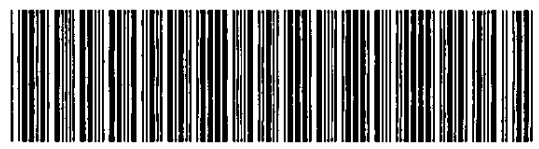
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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@ 5/8/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PREMIER HEALTH SERVICES INC
(Name of Corporation)

DOCUMENT NUMBER: P04000166326

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

Please return all correspondence concerning this matter to the following:

ALEJANDRO J CURA

(Name of Person)

PREMIER HEALTH SERVICES INC

(Name of Firm/Company)

6501 NW 36 ST SUITE 390

(Address)

MIAMI FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEJANDRO J CURA at (305) 5426547

(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:

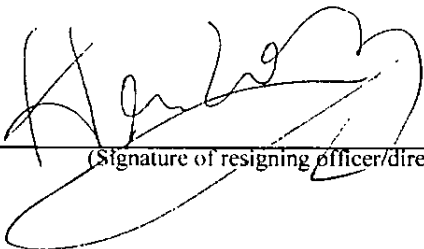
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MAYKEL HERNANDEZ, hereby resign as SEC
(Title)

of PREMIER HEALTH SERVICES INC
(Name of Corporation)

P04000166326, 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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