

P05 0000 28990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

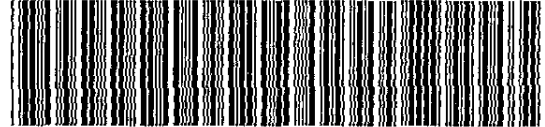
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

@  
P. Resly  
12/29/05

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Northside Health Center  
(Name of Corporation)

**DOCUMENT NUMBER:** P 05000028990

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

Please return all correspondence concerning this matter to the following:

Jose Fernandez  
(Name of Person)

Northside Health Center  
(Name of Firm/Company)

12345 SW 187th Terrace  
(Address)

Miami, FL 33177  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Fernandez at ( 786 )  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Ariel de Leon, hereby resign as VP (Title)

of Northside Health Center,  
(Name of Corporation)

P 05000028990, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)  
**Ariel De Leon**

05 DEC 29 PM 12:50  
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