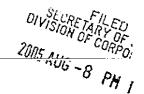
P05000050144



(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600058182446

08/08/05--01064--003 **35.00

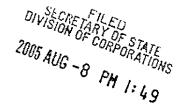
O/D resig.

4/10

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB.	TECT: Ponce De Leon Health Network, Inc
	(Name of Corporation)
DOC	UMENT NUMBER: P05000050144
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Car	olina Hernandez
	(Name of Person)
Pon	ce De Leon Health Network, Inc
	(Name of Firm/Company)
760	Ponce De Leon Suite 107
***************************************	(Address)
Con	al Gables Florida 33134
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Caro	olina Hernandez at (305) 885-3111 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis P.O.	ng Address: Idment Section Ion of Corporations Sox 6327 Idment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Luis Picon	, hereby resign as Secretary	
	(Title)	
Ponce De Leon Health Netw		
(Na	ne of Corporation)	
P05000050144 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	uumun*	
	Lehih	
	(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