

P05000050144

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ponce De Leon Health Network, Inc
(Name of Corporation)

DOCUMENT NUMBER: P05000050144

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

Please return all correspondence concerning this matter to the following:

Carolina Hernandez

(Name of Person)

Ponce De Leon Health Network, Inc

(Name of Firm/Company)

760 Ponce De Leon Suite 107

(Address)

Coral Gables Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolina Hernandez

(Name of Person)

at (305) 885-3111

(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
2005 AUG -8 PM 1:49

I, Luis Picon, hereby resign as Secretary
(Title)

of Ponce De Leon Health Network, Inc.
(Name of Corporation)

P05000050144, 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