

P 05 000058995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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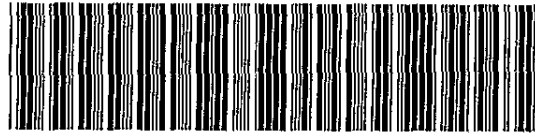
(Business Entity Name)

(Document Number)

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B. McKnight OCT 17 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTHWEST HEALTHCARE SERVICES, INC.

DOCUMENT NUMBER: H05000099033

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIANCA BAUERLE

(Name of Contact Person)

RACHLIN, SAUNDERS & ASSOCIATES

(Firm/ Company)

11120 N. KENDALL DRIVE, SUITE 201

(Address)

MIAMI, FL 33176

(City/ State and Zip Code)

For further information concerning this matter, please call:

BIANCA BAUERLE

(Name of Contact Person)

at (305) 270-2040

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

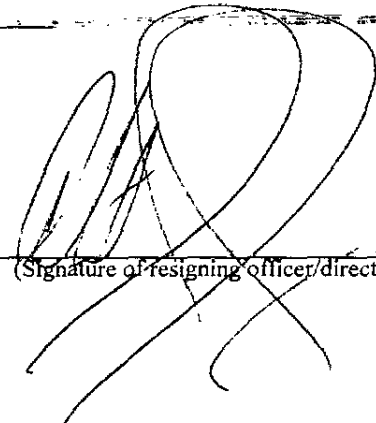
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROBERT SALTY hereby resign as PRESIDENT
(Title)

of SOUTHWEST HEALTHCARE SERVICES, INC.
(Name of Corporation)

H05000099033 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X 
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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