

PO5000077802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/17/05

PO

10/3/05
COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW BEGINNING HEALTH INC
(Name of Corporation)

DOCUMENT NUMBER: PO5000077802

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

Please return all correspondence concerning this matter to the following:

ROBERTO A. OSBORNE M.D., J.D.
(Name of Person)

(Name of Firm/Company)

7450 N. AUGUSTA BL.
(Address)

MIAMI FLORIDA 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO A. OSBORNE at (305) 986 3956
(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, ROBELTO A. OSBORNE, hereby resign as PRESIDENT, SECRETARY
(Title)

of NEW BEGINING HEALTH INC.,
(Name of Corporation)

PO5000077802, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

 10/3/05
(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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