

P050000137488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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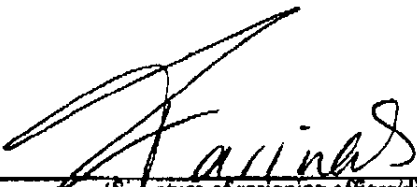
I ALBRITTON

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Flor Farinas, hereby resign as DPS
(Title)

of Hartford Health Services, Inc.
(Name of Corporation)

P05000137488, 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

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