

POS000160486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

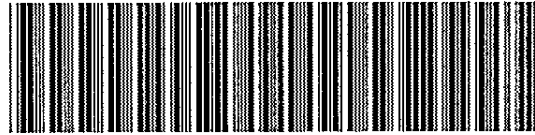
(Business Entity Name)

(Document Number)

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10/05/06--01006--027 **35.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

As 10/5/06
O/Died.

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

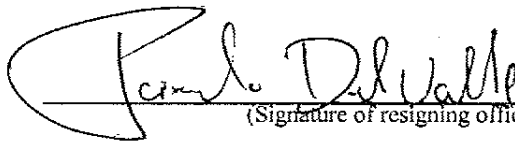
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OCT -5 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, PAMELA DELVALLE, hereby resign as PRESIDENT
(Title)

of CANO HEALTH CARE + NECESSITIES & SERVICE, INC.
P-05000.160486 (Name of Corporation)

P-05000.160486, 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