

PO6000034559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

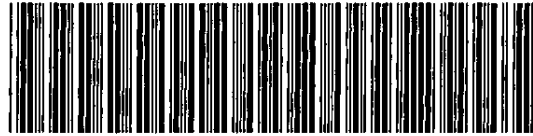
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PASTEUR HOME HEALTH CARE CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: P06000034559

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

Please return all correspondence concerning this matter to the following:

IVONNE E AMADOR

(Name of Person)

PASTEUR HOME HEALTH CARE CENTER INC

(Name of Firm/Company)

551 WEST 51 PL 405-A

(Address)

HIALEAH FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

IVONNE AMADOR

(Name of Person)

at (305) 403 2065

(Area Code & Daytime Telephone Number)

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, CRISTIAN JAVIER, hereby resign as PRESIDENT
(Title)

of PASTEUR HOME HEALTH CARE CENTER INC
(Name of Corporation)

P06000034559, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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