

PO6 000045223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

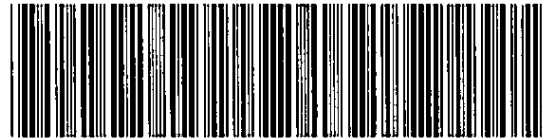
(Business Entity Name)

(Document Number)

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3/17/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Criticare Clinics, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P06000045223

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

Please return all correspondence concerning this matter to the following:

Seth Z. Joseph

(Name of Person)

Seth Z. Joseph, P.A.

(Name of Firm/Company)

255 Alhambra Circle, 1250

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Seth Z. Joseph at (305) 445-5383

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Richard Walbert, hereby resign as VP/D
(Title)

Of Criticare Clinics, Inc.
(Name of Corporation)

P06000045223, 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
DIVISION OF CORPORATIONS
2020 MAR -2 PM 2:51

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