

P06000072011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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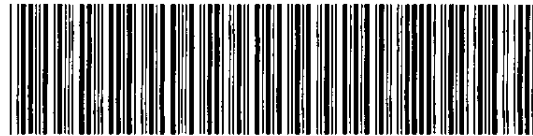
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C. Coulliette*  
C. COULLIETTE

OCT 29 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PENTACARE HEALTH NETWORK CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000072011

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

Please return all correspondence concerning this matter to the following:

RAFAEL M. RODRIGUEZ

(Name of Person)

(Name of Firm/Company)

1028 S.W. 66 AVENUE, APT. 1

(Address)

MIAMI, FLORIDA 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL M. RODRIGUEZ

(Name of Person)

at ( 305 ) 761-0606

(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, RAFAEL M. RODRIGUEZ, hereby resign as TREASURER  
(Title)

of PENTACARE HEALTH NETWORK CORP.  
(Name of Corporation)

P06000072011, 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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