

P06000072011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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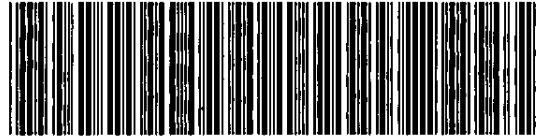
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TALLAHASSEE, FLORIDA

Resign

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:

AUGUSTO GARCIA

(Name of Person)

(Name of Firm/Company)

3820 S.W. 87 PLACE

(Address)

MIAMI, FLORIDA 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

AUGUSTO GARCIA

(Name of Person)

at (305) 546-9745

(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, AUGUSTO GARCIA, hereby resign as SECRETARY
(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.

Augusto Garcia
(Signature of resigning officer/director)

09 OCT 28 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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