

PO6000073119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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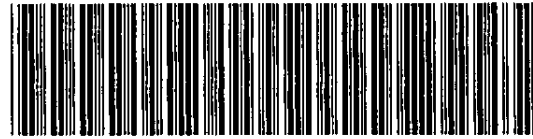
(Business Entity Name)

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1/29/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Universal Health Care Insurance Company, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000073119

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

Please return all correspondence concerning this matter to the following:

William A. Potucek

(Name of Person)

Universal Health Care Insurance Company, Inc.

(Name of Firm/Company)

100 Central Avenue, Suite 200

(Address)

Saint Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

William A. Potucek

(Name of Person)

at (**727**) **329-0588 x8588**
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sandip I. Patel, hereby resign as Director, Secretary, General Counsel, CAO
(Title)

of Universal Health Care Insurance Company, Inc.
(Name of Corporation)

P06000073119, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Sandip Patel

(Signature of resigning officer/director)

FILED
13 JAN 28 PM 1:07
TALLAHASSEE, FLORIDA
STATE
SECRETARY OF STATE

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