

PO 6000079806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

KHN
off resign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLINICAL CARE ASSOCIATES INC
(Name of Corporation)

DOCUMENT NUMBER: P06000079806

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

Please return all correspondence concerning this matter to the following:

ANTONIO DIAZ

(Name of Person)

CLINICAL CARE ASSOCIATES INC

(Name of Firm/Company)

1790 W 49th STREET SUITE 404

(Address)

HIALEAH, FLORIDA 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO DIAZ

(Name of Person)

at (305) 984 9228

(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, HECTOR HERNANDEZ JR, hereby resign as VICE PRESIDENT
(Title)

of CLINICAL CARE ASSOCIATES INC
(Name of Corporation)

P06000079806, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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