

P060000080525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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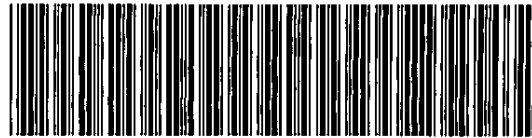
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellspring Health Services group, INC.
(Name of Corporation)

DOCUMENT NUMBER: PD6000080525

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

Please return all correspondence concerning this matter to the following:

Lisa Muse
(Name of Person)

Wellspring Health Services group, INC.
(Name of Firm/Company)

6239 Edgewater Dr Ste 3/W2
(Address)

Orlando, FL, 32810
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Leonard at (407) 522-5201
(Name of Person) (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**

FILED
07 MAY 21 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Lisa Muse, hereby resign as Director
(Title)

of Wellspring Health Services Group, Inc.
(Name of Corporation)

PO6000080525, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Lisa Muse
(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