

PO6000090147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

8/4/08



900133332589

07/29/08--01018--002 **35.00

b/b
Twy
Sf

FILED
2008 JUL 29 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Helo Urgent Care Inc
(Name of Corporation)

DOCUMENT NUMBER: P06000090147

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

Please return all correspondence concerning this matter to the following:

Adonis Maiquez, MD

(Name of Person)

(Name of Firm/Company)

351 NW 42nd Ave, Suite 315

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Adonis Maiquez, MD

(Name of Person)

at (305) 644-2212

(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


2008 JUL 29 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Adonis Maiquez, hereby resign as President
(Title)

of Helo Urgent Care Inc
(Name of Corporation)

P06000090147, 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