

PO6000096032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

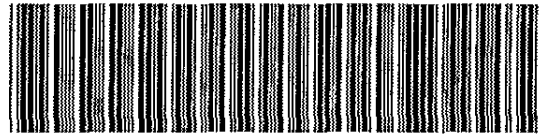
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KHA  
offdesign

VANESSA BORRAS  
3935 NW 4TH ST.  
MIAMI, FL 33126

Request taken by: btadlock  
10-12-2006

The forms you recently requested from this office are:

- (1) 305. Resignation OFF/DIR

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Managed Health Consultants  
(Name of Corporation)

**DOCUMENT NUMBER:** POC 000096032

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

Please return all correspondence concerning this matter to the following:

Vanessa Borrás  
(Name of Person)

Managed Health Care Consultants  
(Name of Firm/Company)

1536 NW 15th Ave  
(Address)

Miami FL 33125  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vanessa Borrás at ( 305 ) 786 554-0833 (cell)  
(Name of Person) (Area Code & Daytime Telephone Number) 644-1099 (home)

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

Please Note: My name was used for the President position of this company without my consent.

I never agreed to be part of this company or have participated in any business affairs.

CR2E044(08/05) Refrain from permitting me to be named president of this company again without verification.

x Vanessa Borrás

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Vanessa Borrás, hereby resign as President  
(Title)

of Managed Health Care Consultants  
(Name of Corporation)

PO6000096032, 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

FILED  
06 NOV -6 PM 12: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA