

PO6000109470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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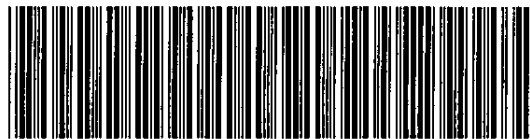
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellness & Prevention of Central Florida Corp
(Name of Corporation)

DOCUMENT NUMBER: PO 6000 10 9470

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

Please return all correspondence concerning this matter to the following:

Hector M. Vazquez
(Name of Person)

Wellness & Prevention of Central Florida Corp.
(Name of Firm/Company)

3767 Lake Worth Road
(Address)

Lake Worth, FL 33461
(City/State and Zip Code)

or / 9400 Sun Isle Dr NE
Saint Petersburg, FL 33702

For further information concerning this matter, please call:

Hector M. Vazquez at (813) 495-5648
(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**

I, Hector M. Varquez, hereby resign as President & Clinic Director
(Title)
of Wellness & Prevention of Central Florida Corp.
(Name of Corporation)

PO6000109470, 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

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