

PD6000 120879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

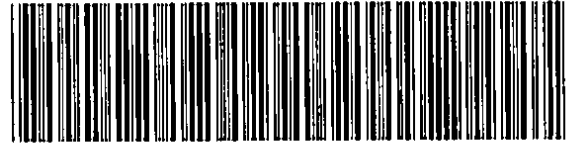
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

R. WHITE  
JAN 17 2019

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SAFETY NET HOSPITAL ALLIANCE SERVICE CORPORATION  
(Name of Corporation)

DOCUMENT NUMBER: P06000120879

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

Please return all correspondence concerning this matter to the following:

JAMES A. ZINGALE  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

101 N. GADSDEN ST 32301  
(Address)

TALLAHASSEE FLORIDA.  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES A. ZINGALE at ( 850 ) 251-7557  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, James A. Zink, hereby resign as President + Director  
(Title)

of SAFETY NET HOSPITAL ALLIANCE SERVICE CORPORATION  
(Name of Corporation)

P06000120879, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

James A. Zink  
(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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SECOND DIVISION OF STATE  
TALLAHASSEE, FL