

PO7000011710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

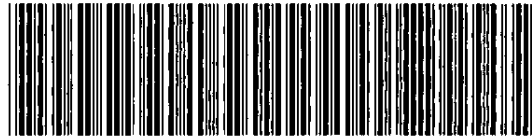
(Business Entity Name)

(Document Number)

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09 JUN -5 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of Resign
C.COULLIETTE

JUN - 8 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health Care Referrals, Corp.
(Name of Corporation)

DOCUMENT NUMBER: P07000011710

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

Please return all correspondence concerning this matter to the following:

Kathleen Sango
(Name of Person)

(Name of Firm/Company)

1900 S Kanter Hwy #3-203
(Address)

Stuart FL 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

Kapila Sanyal at (772) 485-6936
(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, Kaynleen Sangelo, hereby resign as VP
(Title)

of Health Care Referrals, Corp
(Name of Corporation)

P07000011710, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Kaynleen Sangelo
(Signature of resigning officer/director)

FILING FEE IS \$35.00

FILED
09 JUN -5 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314