

PD70000016500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

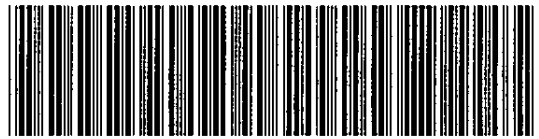
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Mr/Dir Resign

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 14 AM 10:16

T Roberts AUG 18 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOOD SHEPHERD HEALTH SERVICES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000016500

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

Please return all correspondence concerning this matter to the following:

SALVADOR TEN

(Name of Person)

(Name of Firm/Company)

18882 NW 89 AVE

(Address)

MIAMI, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

SALVADOR TEN

(Name of Person)

at ()

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 14 AM 10:16

I, SALVADOR TEN, hereby resign as VICE- PRESIDENT
(Title)

of GOOD SHEPHERD HEALTH SERVICES, INC.
(Name of Corporation)

P07000016500, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Salvador Ten
(Signature of resigning officer/director)

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

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