

P070000 34406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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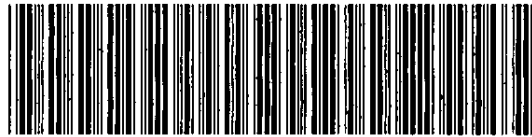
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PYRAMID HEALTH CARE CORP
(Name of Corporation)

DOCUMENT NUMBER: P07000034406

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

Please return all correspondence concerning this matter to the following:

SANDRA GONZALVO

(Name of Person)

PYRAMID HEALTH CARE CORP

(Name of Firm/Company)

800 PALM AVE

(Address)

HIALEAH, FLORIDA 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA GONZALVO

(Name of Person)

at (786) 223-2835

(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

2008 JUN 20 PM 2:39

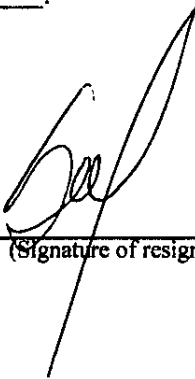
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, SANDRA GONZALVO, hereby resign as INITIAL DIRECTOR
(Title)

of PYRAMID HEALTH CARE CORP
(Name of Corporation)

P07000034406, 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