

PD7000047333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

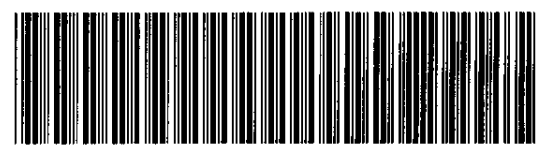
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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@ 11/8/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fast Coast Health Insurance, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Jeremy Ehrenthal  
(Name of Person)

Fast Coast Health Insurance Inc  
(Name of Firm/Company)

3275 W Hillsboro Blvd #309  
(Address)

Deerfield Beach, FL 33442  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy Ehrenthal at ( 954 ) 571 4177  
(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

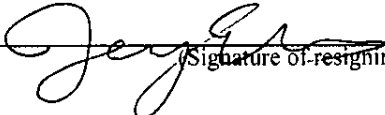
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jeremy Aronthal, hereby resign as VPSD  
(Title)

of East Coast Health Insurance  
(Name of Corporation)

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

Florida

  
(Signature of resigning officer/director)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 NOV - 7 AM 8:19

**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