

P07000079102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

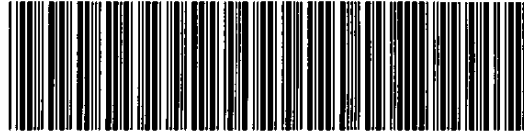
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01025 OK  
10-16-07

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wellness Center of Hendry County INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000079102

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

Please return all correspondence concerning this matter to the following:

Reny H. Kindelan MD.

(Name of Person)

Medical Center

(Name of Firm/Company)

439 SW 8 ST

(Address)

Miami Florida, 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Reny H, Kindelan MD.

(Name of Person)

at ( 305 ) 854-0088

(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

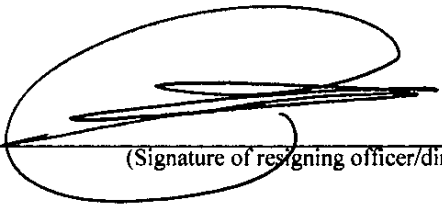
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Reny H. Kindelan MD., hereby resign as Officer/Director  
(Title)

of Wellness Center of Hendry County INC,  
(Name of Corporation)

P07000079102, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

**FILED**  
**07 OCT 16 AM 10:38**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

SEE ADDENDUM