

PO8000088521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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*Resignation
to officer*

04/27/10--01014--028 **52.50

2010 APR 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*FOR
4/29/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC HEALTHCARE ASSOCIATES INC

(Name of Corporation)

DOCUMENT NUMBER: P08000088521

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

Please return all correspondence concerning this matter to the following:

HENRY GARCIA

(Name of Person)

ATLANTIC HEALTHCARE ASSOCIATES INC

(Name of Firm/Company)

7900 HAWTHORNE AVENUE

(Address)

MIAMI BEACH FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

HENRY GARCIA

(Name of Person)

at (786) 290-0627

(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**

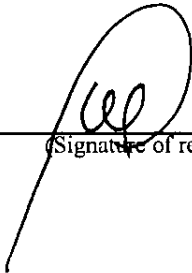
FILED
2010 APR 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, CAMILO L. GONZALEZ, hereby resign as PRESIDENT
(Title)

of ATLANTIC HEALTHCARE ASSOCIATES INC
(Name of Corporation)

P08000088521, 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