

PO800094238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

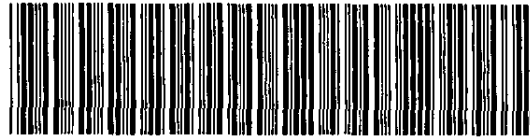
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **CHOICES HEALTH CENTER, INC**
(Name of Corporation)

DOCUMENT NUMBER: **P08000094238**

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

Please return all correspondence concerning this matter to the following:

CARLA SHULMAN

(Name of Person)

CHOICES HEALTH CENTER, INC

(Name of Firm/Company)

747 FAWN RIDGE DR. SUITE 100

(Address)

ORANGE CITY, FL 32763

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLA SHULMAN

(Name of Person)

at (**386**) **456-1047**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

✕ **Mailing Address:**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

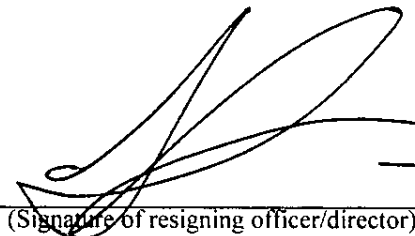
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, THERESE L. WILSON, hereby resign as VICE PRESIDENT/SECRETARY
(Title)

of CHOICES HEALTH CENTER, INC
(Name of Corporation)

P08000094238, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
19 SEP 23 AM 10:37
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