

P09000025042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

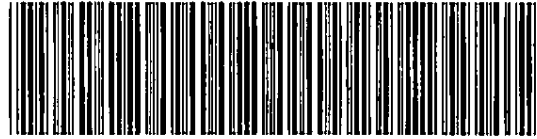
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FELCAS HEALTH CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: P09000025042

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

CARLOS MARTIN
(Name of Person)

FELCAS HEALTH CENTER INC
(Name of Firm/Company)

10661 N KENDALL DR STE 112
(Address)

MIAMI, FL 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS MARTIN at (305) 598-6224
(Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

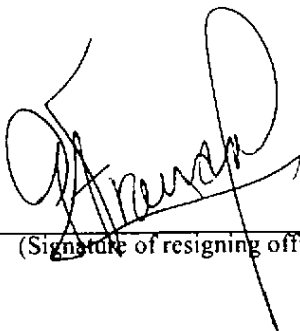
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GILBERTO M PEREZ FRANCO, hereby resign as VICE PRESIDENT
(Title)

of FELCAS HEALTH CENTER INC
(Name of Corporation)

P09000025042 a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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