

P09000027570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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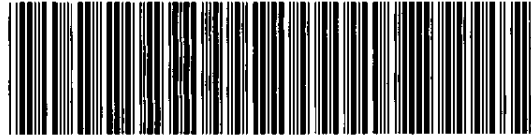
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*C. Coulliette*  
C.COULLIETTE  
JUL 14 2010  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Southside Health Enterprises, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000027570

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

Please return all correspondence concerning this matter to the following:

Marvin K. Hindal  
(Name of Person)

Southside Health Enterprises Inc.  
(Name of Firm/Company)

3467 Windermere Dr.  
(Address)

Jacksonville FL 32211  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marvin K. Hindal at ( 904 ) 607-0180  
(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, Marvin K. Hindel, hereby resign as President  
(Title)

of Southside Health Enterprises, Inc.  
(Name of Corporation)

P09000027570, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Marvin K. Hindel  
(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

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