

BR 9000 34062

(Requestor's Name)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Well Care, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000034062

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

Please return all correspondence concerning this matter to the following:

Joan Iannetta  
(Name of Person)

None  
(Name of Firm/Company)

2601 Lake Haven Dr.  
(Address)

New Port Richey, FL 34655  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan Iannetta at (727) 372-1734  
(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**

**FILED**

2009 DEC 16 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Nicole Marie Iannetta, hereby resign as Director and President  
(Title)

of American Well Care, Inc.  
(Name of Corporation)

P09000034062, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Timothy Iannetta / Timothy Iannetta  
(Signature of resigning officer/director)

Legal representative of Nicole Marie Iannetta,  
Deceased.

**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