

PO9000069521

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 17 AM 10:08
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH CORE INSURANCE GROUP INC
(Name of Corporation)

DOCUMENT NUMBER: P09000069521

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

Please return all correspondence concerning this matter to the following:

AGNES SAGNELLI

(Name of Person)

HEALTH CORE INSURANCE GROUP INC

(Name of Firm/Company)

160 W CAMINO REAL #159

(Address)

BOCA RATON FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

AGNES SAGNELLI

(Name of Person)

at (561) 283-5265

(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**

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 17 AM 10:08

I, JAMES DRYDEN, hereby resign as DIRECTOR
(Title)

of HEALTH CORE INSURANCE GROUP INC,
(Name of Corporation)

P09000069521, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

James Dryden
(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