

P09000072336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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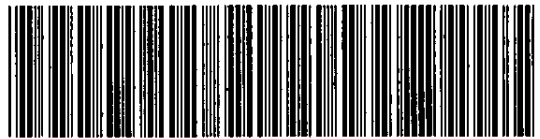
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DD Resign
C.COULLETTE

FEB 22 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Premier Health Plans, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P09000072336

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

Please return all correspondence concerning this matter to the following:

COREY S. SHADER
(Name of Person)

Premier Health Plans, Inc.
(Name of Firm/Company)

2950 W. CYPRESS CREEK RD
(Address)

Ft. Lauderdale, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

COREY S. SHADER. at (754) 423-7718
(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

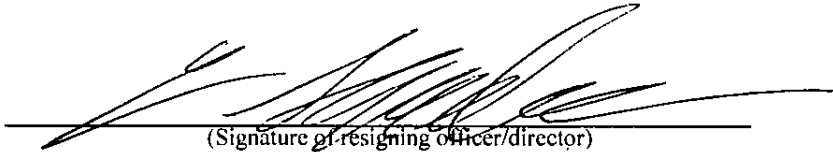
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, COREY SHAWER, hereby resign as VP
(Title)

of Premier Health Plans Inc.
(Name of Corporation)

P09000072336, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(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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