

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Triad Healthcare Management, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P1000016017

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

Please return all correspondence concerning this matter to the following:

Jeff Hollender

(Name of Person)

Triad Healthcare Management, Inc.

(Name of Firm/Company)

5722 S Flamingo Rd Suite 369

(Address)

Cooper City, FL 33330

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Hollender

(Name of Person)

at (**954**) **292-7406**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

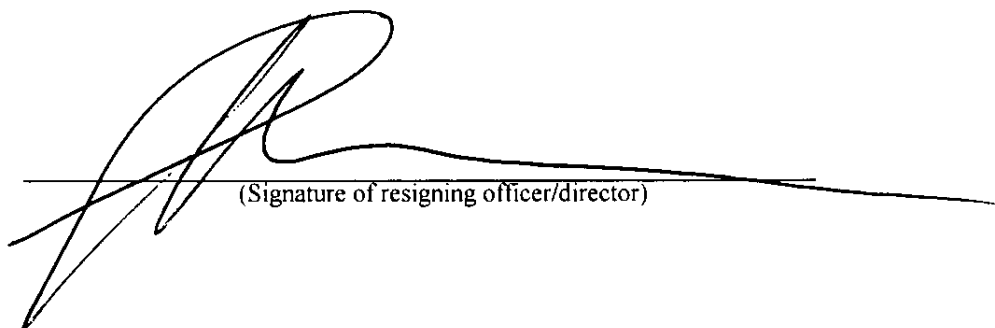
2015 SEP -8 PM 4:19

I, Jeff Hollender, hereby resign as COO (Title)

of Triad Healthcare Mangement Inc.
(Name of Corporation)

P10000016017, 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