

P100000 53696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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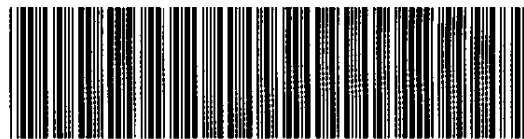
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 09102

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7/26/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WB HEALTH CARE SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P10000053696

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

Please return all correspondence concerning this matter to the following:

MINERVA RODRIGUEZ

(Name of Person)

WB HEALTH CARE SERVICES, INC

(Name of Firm/Company)

9600 NW 25 ST SUITE 6-E

(Address)

DORAL, FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

MINERVA RODRIGUEZ

(Name of Person)

at (786) 390-0631

(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, YORLIEN LEYVA, hereby resign as PRESIDENT
(Title)

of WB HEALTH CARE SERVICES, INC
(Name of Corporation)

P10000053696, 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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