

P10000080887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

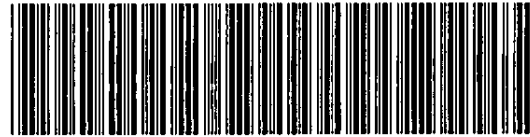
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100223789121

03/07/12--01017--006 **35.00

Dr. J. W. [Signature]

FILED
12 MAR -7 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 12 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH RESOURCES CONSULTANTS
(Name of Corporation)

DOCUMENT NUMBER: PI0000080887

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

Please return all correspondence concerning this matter to the following:

Philip Odub
(Name of Person)

Health Resources Consultants
(Name of Firm/Company)

2191 Balsam Way
(Address)

Wellington fl 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

Uzomako-M. Odub at (561) 574-9168
(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

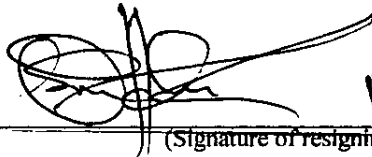
12 MAR -7 PM 3:19

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

I, Philip Odiah, hereby resign as Managing Director
(Title)

of Health Resources Consultants INC.
(Name of Corporation)

P10000080887, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.



03/03/2012

(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