

P10000080887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

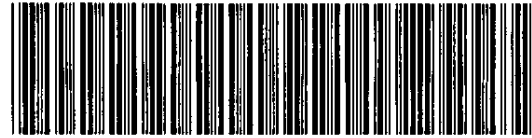
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HEALTH RESOURCES CONSULTANTS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000080887

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

Please return all correspondence concerning this matter to the following:

Uzomakolam Oduh  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1866 Fox Court  
(Address)

Wellington FL 33414  
(City/State and Zip Code)

For further information concerning this matter, please call:

Uzomakolam Oduh 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.

**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**

I, Uzomaka-M. Odulu, hereby resign as Officer/Director  
(Title)

of Health Resources Consultants Inc.  
(Name of Corporation)

P10009080887, 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

FILED  
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