

P11000043702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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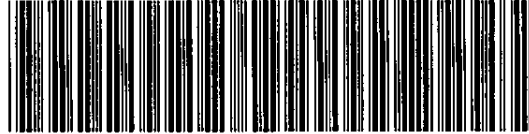
(Business Entity Name)

(Document Number)

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T. LEMIEUX

JUN 11 2015

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIVISTA LIFE & HEALTH, CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P11000043702

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

Please return all correspondence concerning this matter to the following:

HERRERA, IVAN

(Name of Person)

UNIVISTA LIFE & HEALTH, CORPORATION

(Name of Firm/Company)

221 SW 42ND

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

HERRERA, IVAN

(Name of Person)

at (**305**) **508-9847**

(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, ISMAR HERRERA, hereby resign as VICE - DIRECTOR
(Title)

of UNIVISTA LIFE & HEALTH, CORPORATION,
(Name of Corporation)

P11000043702, 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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