

P11000059192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

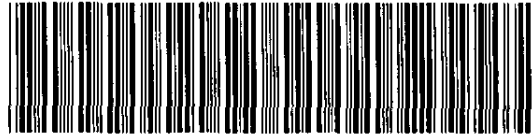
(Business Entity Name)

(Document Number)

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T. BROWN

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunnaco Health Center, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P11000059192

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

Please return all correspondence concerning this matter to the following:

Dr. Herbert A. Marvin

(Name of Person)

(Name of Firm/Company)

8067 Bellafiore Way

(Address)

Boynton Beach, Florida 33472

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Herbert A. Marvin at (561) 558-4043

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

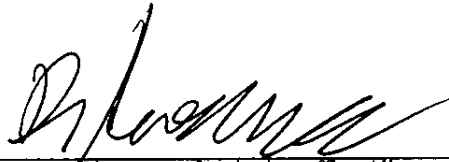
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DIVISION OF CORPORATIONS
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I, Dr. Herbert A. Marvin, hereby resign as Director
(Title)

of Sunnaco Health Center, Inc.
(Name of Corporation)

P11000059192, 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