

P120000019735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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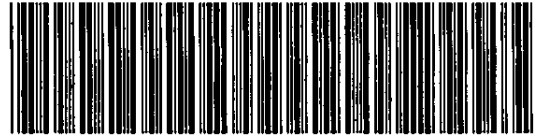
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: E&M HEALTH SERVICES CORP
(Name of Corporation)

DOCUMENT NUMBER: P12000019735

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

Please return all correspondence concerning this matter to the following:

ELSA MACHADO

(Name of Person)

E&M HEALTH SERVICES CORP.

(Name of Firm/Company)

7333 CORAL WAY Suite 209

(Address)

Miami, FL, 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Elsa Machado

(Name of Person)

at (786) 380 3500

(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

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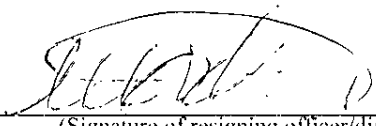
OFFICER / DIRECTOR RESIGNATION

I, MARLENY A HERNANDEZ RODRIGUEZ, hereby resign as PRESIDENT
(Title)

of E&M HEALTH SERVICES CORP.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**