

P120000034459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

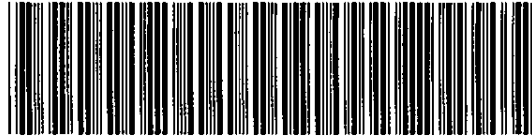
(Business Entity Name)

(Document Number)

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*Resignation
to officer*

06/22/12--01024--007 **35.00

FILED
2012 JUN 22 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DDR
6/25/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Edge Health Plans, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P12000034459

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

Please return all correspondence concerning this matter to the following:

Michael Costa

(Name of Person)

Edge Health Plans, Inc.

(Name of Firm/Company)

1948 Harrison Street

(Address)

Hollywood, FL 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Costa

(Name of Person)

at (954) 921-1948

(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**

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2012 JUN 22 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Frank Ponce De Leon, hereby resign as Vice President & Treasure
(Title)

of Edge Health Plans, Inc.
(Name of Corporation)

P12000034459, 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