

P12 000035231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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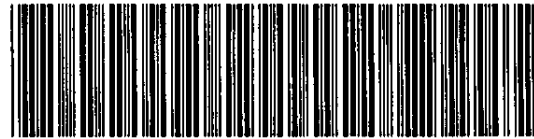
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-500

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Health Center Inc.

(Name of Corporation)

DOCUMENT NUMBER: P12000035231

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

Please return all correspondence concerning this matter to the following:

Dorothy L. Williams

(Name of Person)

The Health Center Inc.

(Name of Firm/Company)

2501 WEST HILLSBORO BLVD, Suite 107

(Address)

Deerfield Beach, FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

Leo R. Minsky

(Name of Person)

at (954) 421-1839

(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, Dorothy L. Williams, hereby resign as Director
(Title)

of The Health Center Inc.
(Name of Corporation)

P12000035231
(Document Number, if known), a corporation organized under the laws of the State of
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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