

P12000038607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 01 2015  
C. CARROTHERS

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HEART CARE Center, CFL, PA  
(Name of Corporation)

DOCUMENT NUMBER: P12000038007

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

Please return all correspondence concerning this matter to the following:

Sudha Rao  
(Name of Person)

HEART CARE Centers of Florida  
(Name of Firm/Company)

3822 S. WASHINGTON AV  
(Address)

Titusville, FL 32780  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sudha Rao at ( 321 ) 636-6914  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Amanda Ryan, hereby resign as Vice President  
(Title)

of Heart Care CFL, P.A  
(Name of Corporation)

P12000038607, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

A Ryan  
(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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