P120000 71961

(Requestor's Name)					
(Ad	(Address)				
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(Cit	ty/State/Zip/Phon	e #)			
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13 MAY 28 BH LA 14 SECRETARY OF STAP ALL AHASSEE, FLORI

5-30-13 DC

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Franquility H	ealthcare S	olutions, Inc	
	(Name of Corporation)			
DOCUMENT NU	MENT NUMBER: P12000071961			
The enclosed Offic	cer/Director Resignation	on for a Corporation	and fee are submitted for filing.	
Please return all co	orrespondence concern	ing this matter to the	e following:	
Harold	Roderick Ha	rrison		
	(Name of Person)			
Tranquility	Healthcare So	olutions, Inc		
	(Name of Firm/Compar	ny)		
1971 Lee	Rd			
	(Address)			
Winter Pa	rk, FL 3278			
	(City/State and Zip Coo	le)		
For further inform	ation concerning this i	matter, please call:		
Christina	Benson	at (919	450-8484 & Daytime Telephone Number)	
(N	ame 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, _	Harold R. Harrisor	n, hereby resign as	CFO (Title)
of_	Tranquility Health		` ,
	P12000071961	of Corporation) _, a corporation organized under	er the laws of the State of
	Flordia		
	- Danies (Si	ignature of resigning officer/directo	
			13 MAY

Make checks payable to Florida Department of State and main to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314