

P/200098925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600248545846

06/05/13--01026--012 **35.00

FILED
13 JUN -5 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D
Resign
06-11-13
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Continuing Care Management Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P12000098925

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

Please return all correspondence concerning this matter to the following:

Maday Infante
(Name of Person)

Continuing Care Management Solutions
(Name of Firm/Company)

8109 SW 83 Place
(Address)

Miami, Florida 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

Maday Infante at (786) 351-2204
(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
409 E. Gaines Street
Tallahassee, FL 32399

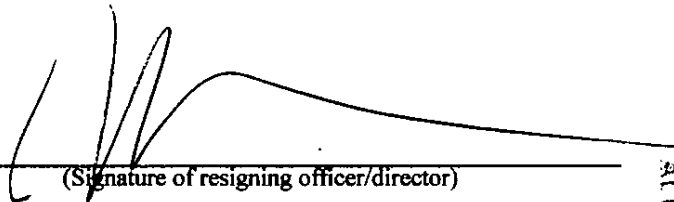
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Maday Infante, hereby resign as Vice President
(Title)

of Continuing Care Management Solutions, Inc.
(Name of Corporation)

P12000098925, 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

FILED
13 JUN -5 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA