

P12000099188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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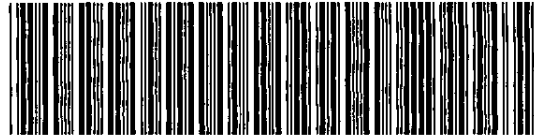
(Business Entity Name)

(Document Number)

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FILED  
2013 APR 17 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 23 2013  
T. LEMIEUX



**TO:**

**SUBJECT:**

**DOCUMENT NUMBER:**

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

**Please return all correspondence concerning this matter to the following:**

ISIS PILOTO-GARCIA  
(Name of Person)

(Name of Firm/Company)

13355 SW 9ct. # H103  
(Address)

Pembroke Pines, FL 33027  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

For further information concerning this matter, please call: 305-510-3745

ISIS PILOTO at (305) 778-4623

(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, ISIS PILOTO-GARCIA, hereby resign as VP  
(Title)

of I P & HEALTH CARE, INC  
(Name of Corporation)

P120000 99/88, 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

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Piloto  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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

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SECRETARY OF STATE  
TALLAHASSEE FL 32310

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