

P130000000598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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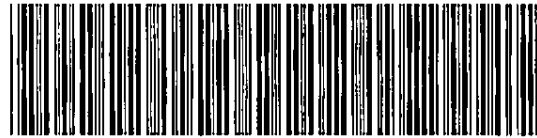
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: TWIN PALMS HEALTH CENTERS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P13000000598

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

Please return all correspondence concerning this matter to the following:

Bryan S. Kessler, Esq.

(Name of Person)

Berg & Kessler

(Name of Firm/Company)

1872 Tamiami Trail S, Suite C

(Address)

Venice, Florida 34293

(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan S. Kessler, Esq. at (**941**) **493-0871**

(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**

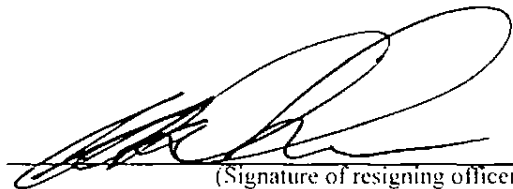
2018 NOV -5 4:41:52

I, DENNIS E. RHODES, hereby resign as Director
(Title)

of TWIN PALMS HEALTH CENTERS, INC.
(Name of Corporation)

P13000000598, 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