

PI300037162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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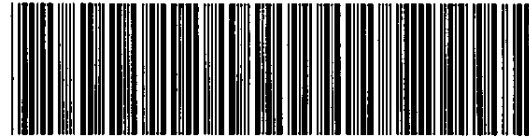
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SEP. 16 2014

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLIANCE FOR HEALTHCARE CONSULTING, INC.
(Name of Corporation)

DOCUMENT NUMBER: P13000037162

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

Please return all correspondence concerning this matter to the following:

ONOFRE SALVADOR

(Name of Person)

ALLIANCE FOR HEALTHCARE CONSULTING, INC.

(Name of Firm/Company)

8200 NW 41 STREET, SUITE 200, UNIT 17

(Address)

DORAL, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

ONOFRE SALVADOR at **305** **726-4749**
(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, GUADALUPE BRUNEMAN, hereby resign as PRESIDENT
(Title)

of ALLIANCE FOR HEALTHCARE CONSULTING, INC.
(Name of Corporation)

P13000037162, 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

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76 SEP - 9 AM 10:27
TALLAHASSEE, FLORIDA

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

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