

P13000082449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 06 2015

T. LEMIEUX

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Core Care Capital, Inc  
(Name of Corporation)

DOCUMENT NUMBER: P13000082449

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

Please return all correspondence concerning this matter to the following:

Stuart Himmelstein

(Name of Person)

(Name of Firm/Company)

1111 N Palmway

(Address)

Lake Worth, FL 33460

(City/State and Zip Code)

For further information concerning this matter, please call:

Stuart Himmestein at ( 561 ) 3501231  
(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, Stuart B Himmelstein, MD, hereby resign as Director, Officer, and Chief Medical Officer  
(Title)

of Core Care Capital, Inc,  
(Name of Corporation)

P13000082449, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

 4/24/2014  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FILED**

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

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