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Division of Corporations

<https://chlc.sunbiz.org/scripts/efilcovr.exe>**P14000025861**

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

15 NOV 13 PM 3:19
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
FUTURA HEALTH PARTNERS, INC.**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FUTURA HEALTH PARTNERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P14000025861

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

Please return all correspondence concerning this matter to the following:

Scott M. Coffey, Esq.

(Name of Person)

Squire Patton Boggs (US) LLP

(Name of Firm/Company)

777 South Flagler Drive, #1900

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott M. Coffey, Esq. at 561 650-7200

(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**

Eliana Lopez Fernandez Director
I, _____, hereby resign as _____
(Title)

FUTURA HEALTH PARTNERS, INC
of _____
(Name of Corporation)

P14000025861
(Document Number, if known), a corporation organized under the laws of the State of
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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TALLAHASSEE, FLORIDA