

P14000036597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

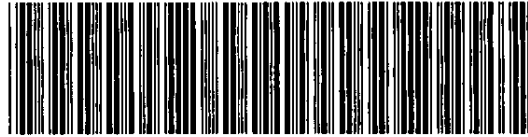
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2015 MAY 26 PM 1:36

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@ 6/1/15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orange Cove MD
(Name of Corporation)

DOCUMENT NUMBER: P14000036597

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

Please return all correspondence concerning this matter to the following:

Heracio F. Castro Jr MD
(Name of Person)

Orange Cove MD
(Name of Firm/Company)

1900 South Orange Blossom Trail
(Address)

St 300 Orlando FL 32809
(City/State and Zip Code)

For further information concerning this matter, please call:

Heracio F. Castro Jr. at (407) 745-4753
(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

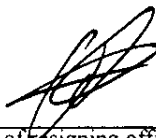
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alejandro Alvarez, hereby resign as Vice President
(Title)

of Orange Care MD
(Name of Corporation)

P14000030597, 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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