

PI 500000727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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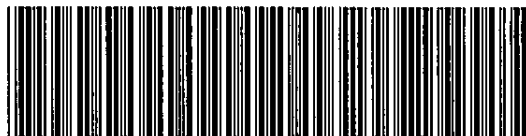
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MAR 11 2015

T. LEMIEUX

09

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNICARE HEALTH MANAGEMENT CORP
(Name of Corporation)

DOCUMENT NUMBER: P15000001727

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

Please return all correspondence concerning this matter to the following:

Luis Castro

(Name of Person)

UNICARE HEALTH MANAGEMENT CORP

(Name of Firm/Company)

221 SW 42ND

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Castro

(Name of Person)

at (305) 508-9847

(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, Luis Castro, hereby resign as VP
(Title)

of UNICARE HEALTH MANAGEMENT CORP,
(Name of Corporation)

P15000001727, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Luis Castro

Digitally signed by Luis Castro
DN: cn=Luis Castro, o=UnVista Insurance, ou=Unicare Health
Management, email=accounting@univistainsurance.com, c=US
Date: 2015.03.03 16:48:16 -0500

(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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