

P15000047599

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VITAL HEALTH CARE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P15000047899

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

Please return all correspondence concerning this matter to the following:

DR. ROSALYN MILLER

(Name of Person)

VITAL HEALTH CARE, INC.

(Name of Firm/Company)

10400 Griffin Road, Suite 207

(Address)

Cooper City, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Rosalyn Miller

(Name of Person)

at **(828) 371-1515**

(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, Michelle Moore, hereby resign as ~~President, Secretary and Director~~ ^{MTM}
(Title)

of Vital Health Care, Inc., Document Number
(Name of Corporation)

P15000047899, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Michelle Moore

(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