

P16000047967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

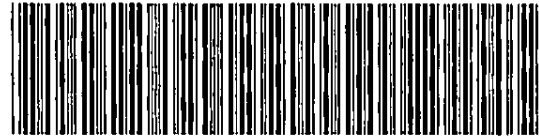
(Business Entity Name)

(Document Number)

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MAR 13 2019
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Horeb Health Clinic, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P16000047967

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Weedny Andre

(Name of Person)

(Name of Firm/Company)

7010 Tyler St

(Address)

Hollywood, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Weedny Andre at (**305**) **967-9764**

(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

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RECEIVED
TALLAHASSEE - 32301


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Weedny Andre, hereby resign as Vice President, Co-owner
(Title)

of Horeb Health Clinic, Inc.
(Name of Corporation)

P1000047967, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

2019 MAR -4 AM 10:41
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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