P17000046322

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Busiless Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE

JUH 0 3 2020

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	FIRST RESPONSE WELLNESS, P	
		(Name of Corporation)
DOC	UMENT NUMBER: P17000046322	
The e	nclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please	e return all correspondence concernir	ig this matter to the following:
David	Poces	
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·
First R	esponse Wellness, P.A.	
	(Name of Firm/Company)	
РО Во	x 1088	
	(Address)	
Boca R	Raton, FL 33429	
	(City/State and Zip Code)	
For fu	rther information concerning this ma	tter, please call:
David 1	Poces	561 302-6820
	(Name of Person)	at (Solution
Enclos	sed is a check for \$35.00 made payab	le to the Florida Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JAMES VIRGILIO	PRESIDENT, hereby resign as		
,	,	(Title)	
FIRST RESPONSE WELLNESS, P. of	۸.		
(Na	ame of Corporation)	,	
P17000046322	, a corporation organized under the law	s of the State of	
FLORIDA	<u> </u>		
<u>Ja</u>	Mes Virgilio (Signature of resigning officer/director)	2020 HAY 15 SEGRETARY PALLAHASSE	
	FILING FEE IS \$35.00	PH 12: 47	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314