

PI8 000016342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

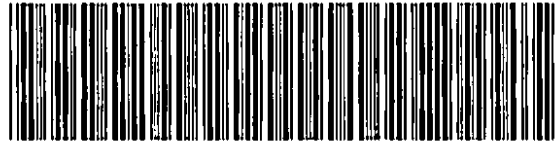
(Business Entity Name)

(Document Number)

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! ALBRITTON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

FLORIDACARE HEALTH PLANS INC

SUBJECT: _____
(Name of Corporation)

P18000016342

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Adam Losey

(Name of Person)

Losey PLLC

(Name of Firm/Company)

1420 Edgewater DR

(Address)

Orlando, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Losey

407

906-1605

(Name of Person) at (_____) _____
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

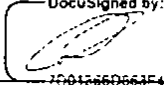
OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

George Fernandez COO
I, _____, hereby resign as _____
(Title)

FLORIDACARE HEALTH PLANS INC.
of _____
(Name of Corporation)

P18000016342

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

DocuSigned by:

75012460663F4FB

(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

2011-03-11 11:47