

P18000052199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

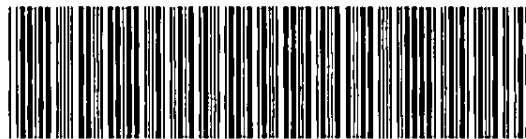
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300319790963

10/19/18--01023--010 **35.00

FILED
18 OCT 19 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2018
S. YOUNG

TRANSMITTAL LETTER :

TO: Amendment Section
Division of Corporations

SUBJECT: Pinellas Health Corp
(Name of Corporation)

DOCUMENT NUMBER: P18000052199

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

Please return all correspondence concerning this matter to the following:

Jorge Valdes

(Name of Person)

Pinellas Health Corp

(Name of Firm/Company)

4707 Pinellas Drive

(Address)

Orlando, Florida 32812

(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Valdes

(Name of Person)

at (407) 536-0827

(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, Nixie Navedo, hereby resign as President
(Title)

of Pinellas Health Corp
(Name of Corporation)

P18000052199, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
18 OCT 19 PM 4 35
SECRETARY OF STATE
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