

P19000017452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: We Care Pediatric Extended Care Corp  
(Name of Corporation)

DOCUMENT NUMBER: P19000017452

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

Please return all correspondence concerning this matter to the following:

Banica Urdan  
(Name of Person)

We Care Pediatric Extended Care  
(Name of Firm/Company)

6174 W. 14<sup>th</sup> Ct.  
(Address)

Hiialeah / FL 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sylvianne Cuta at (784) 525-5089  
(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

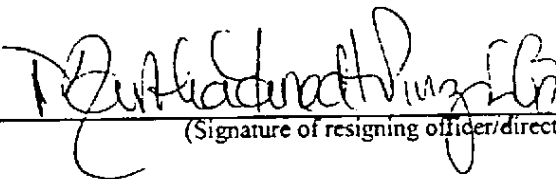
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Martha Pinzon, hereby resign as Vice President  
(Title)

of We Care Pediatric Extended Care Corp  
(Name of Corporation)

P19000017452, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

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**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