

P19000038997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

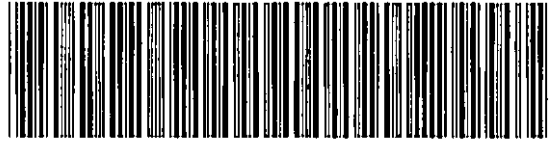
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TALLAHASSEE, FL

NOTED

8/30/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAGARIA MC HEALTH CARE CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: P19000038997

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

Please return all correspondence concerning this matter to the following:

MIGUEL RODRIGUEZ

(Name of Person)

BAGARIA MC HEALTH CARE CORPORATION

(Name of Firm/Company)

14256 SW 154 TH STREET

(Address)

RICHMOND WEST, FL 33177

(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL RODRIGUEZ

(Name of Person)

at (786) 7867815435

(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:

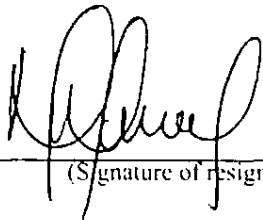
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CLAUDIA BAGARIA, hereby resign as VP
(Title)

of BAGARIA MC HEALTH CARE CORPORATION
(Name of Corporation)

P19000038997, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILED
2021 AUG 30 PM 2:40
CLERK OF STATE
TALLAHASSEE, FL

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