

P 22 000 59826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

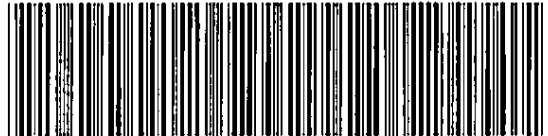
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA CARE MEDICAL CENTER INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P22000059826  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

NINOTCHKA HECHT  
\_\_\_\_\_

(Name of Person)

FAST FILING SERVICES LLC  
\_\_\_\_\_

(Name of Firm/Company)

10450 NW 33RD ST STE 305  
\_\_\_\_\_

(Address)

DORAL FL 33172  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Ninotchka Hecht  
\_\_\_\_\_

(Name of Person)

at ( 786 ) 762-2048

(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

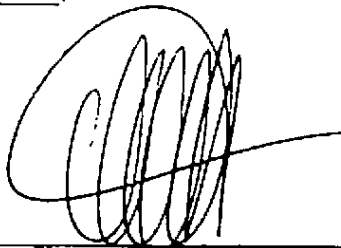
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TALLAHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ORLANDO CONTRERAS, hereby resign as President, Treasury, and CFO  
(Title)

of FLORIDA CARE MEDICAL CENTER INC  
(Name of Corporation)

P22000059826, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA



(Signature of resigning officer/director)

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2024 FEB 13 AM 10:42  
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