

PQ3 000034446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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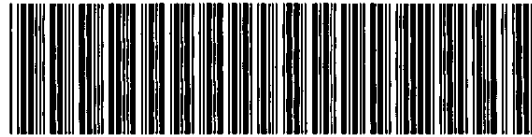
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11/9/16

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALTERNATIVE HEALTHCARE SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P93000034446

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

Please return all correspondence concerning this matter to the following:

Mark A. Chmielewski

(Name of Person)

Alternative Healthcare Services, Inc.

(Name of Firm/Company)

3523 N. Lockwood Ridge Rd

(Address)

Sarasota, Florida 34234

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark A. Chmielewski

(Name of Person)

at (**941**) **360-9161**

(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, Cherryl A. Chmielewski, hereby resign as Director
(Title)

of Alternative Healthcare Services, Inc.
(Name of Corporation)

P93000034446

(Document Number, if known)

, a corporation organized under the laws of the State of
Florida.

Cherryl A. Chmielewski
(Signature of resigning officer/director)

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2018 NOV -7 PM 1:30
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

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