## 94000086908

(Requestor's Name)		
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(C	ty/State/Zip/Phone	#)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: American Healthcare Real Estate, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P94000086908	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted f	or filing
Please return all correspondence concerning this matter to the following:	
W. James Stevens	
(Name of Person)	
(Name of Firm/Company)	
2487 Monaco Terrace	
(Address)	
Palm Beach Gardens, FL 33410	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
W. James Stevens at ( 561 ) 627-5755  (Name of Person) (Area Code & Daytime Telephone N	
(Name of Person) (Area Code & Daytime Telephone N	umber)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

	"AUG 27 .		
	TALLAGIARY OF		
I, Susan Dyer	AUG 27 PM 3: 44  TALLAHASSEE, FLORIDA  THE CONTROL OF STATE OR OR OR OTHER		
	(Title)		
of American Healthcare Real E	state, Inc.		
	e of Corporation)		
P94000086908	, a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida	<u></u> .		
~			
	Sur		
<del></del> ·	(Signature of resigning officer/director)		

## 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