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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):           1	- Attof 413 W. Sanford	NEY AT LAW FIRST STREET , Florida 32771		
1.       (Corporation Name)       (Document #)         2.       (Corporation Name)       (Document #)         3.       (Corporation Name)       (Document #)         4.       (Corporation Name)       (Document #)         4.       (Corporation Name)       (Document #)         6.       Walk in       Pick up time       Certified Corporation Name)         1.       Mail out       Will wait       Photocopy         2.       Change of Registered Agent       Amendment         1.       Change of Registered Agent       Dissolution/Withdrawal         2.       Other       Profig         1.       Imited Liability       Dissolution/Withdrawal         2.       Change of Registered Agent       Marger         2.       Change of Registered Agent       Dissolution/Withdrawal         3.       Dissolution/Withdrawal       Dissolution/Withdrawal         3.       Change of Registered Agent       Registered Agent         3.       Reinstatement       Trademark       Dissolution/Withdrawal         3.       Dissolution/Withdrawal       Dissolution/Withdrawal       Dissolution/Withdrawal         3.       Different and agent       Trademark       Different agent       Zorp Mark		l		
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(Corporation Name)       (Document #)         4.       (Corporation Name)       (Document #)         Walk in       Pick up time       Certified Copy 000020327491         Mail out       Will wait       Photocopy       Certified copy -12/18/96010865-001         Mail out       Will wait       Photocopy       Certificate of Status         NEW FILINGS       Amendment       Resignation of R.A. Officer/ Director         Limited Liability       Dissolution/Withdrawal       Sector Agent         Other       Profit       Merger         Manuel Report       Foreign       Sector Agent         Imited Partnership       Reinstatement       Reinstatement         Trademark       Other       Will Sector Agent	2(Corporate	ion Name) (Do	cument #)	-
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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 4, 1996

GEORGE B. WALLACE, ESQ. 413 W. FIRST STREET SANFORD, FL 32771

SUBJECT: HEARTLAND FAMILY CARE CENTER, P.A. Ref. Number: P94000093753

We have received your document for HEARTLAND FAMILY CARE CENTER, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

There is a balance due of \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 796A00054303

Florida Department of State, Sandra B. Mortham, Secretary of State

## **OFFICER / DIRECTOR RESIGNATION**

(Title)

36 DEC 18 PH12: 21

of HEARTLAND FAMILY CARE CENTER, P.A. (Name of Corporation)

2

a corporation organized under the laws of the State of \_\_\_\_\_\_Florida

That the corporation has been notified in writing of the resignation.

alda MOXA

(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E044(8/95)



ATTORNEY AT LAW 413 W. FIRST STREET SANFORD, FLORIDA 32771

(407) 323-3660

FAX (407) 323-2475

November 19, 1996

300002011153 11/21/96--01050--003 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

STATE OF FLORIDA DIVISION OF CORPORATIONS Post Office Box 6327 Tallahassee, Florida 32314

Re: Hartland Family Care Center, P.A.

Dear Clerk:

Enclosed please find this firm's trust account check in the amount of \$35.00 in payment of the filing fee for the enclosed Resignation Of Officers And Directors of HARTLAND FAMILY CARE CENTER, P.A. for filing.

If you have any questions concerning this matter please do not hesitate to contact me.

Sincerely,

GEORGE B. WALLACE, ESQ., P.A.

10-4

George B. Wallace, Esquire

GBW/ddl

Enclosures

cc. Agustin Carmona Aida Carmona

DIVISION OF CONFORMATION: 95 DEC 18 PH12: 28 0/D resig. 28



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 4, 1996

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Velma Shepard Corporate Specialist

Letter Number: 796A00054303

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Florida Department of State, Sandra B. Mortham, Secretary of State

### **OFFICER / DIRECTOR RESIGNATION**

36DEC 18 PHIL

I, <u>AGUSTIN CARMONA</u>, hereby resign as <u>Director</u> (Title)

of HEARTLAND FAMILY CARE CENTER, P.A. (Name of Corporation)

a corporation organized under the laws of the State of \_\_\_\_\_\_Florida\_

That the corporation has been notified in writing of the resignation.

Signature of resigning officer/director)

# FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314