

P95000029616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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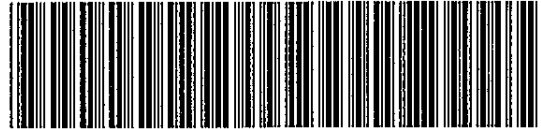
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avante Care Ancillary Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P95000029616

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

Please return all correspondence concerning this matter to the following:

Michael Bokor

(Name of Person)

Avante Care Ancillary Services

(Name of Firm/Company)

4000 Hollywood Blvd. #540N

(Address)

Hollywood, Florida 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

Tina Huffaker

(Name of Person)

at (954) 987-7180 Ext. 219

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

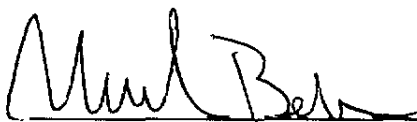
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION

I, Michael Bokor, do hereby resign my position as Officer and Director of Avante Care Ancillary Services, Inc., a corporation organized under the laws of the State of Florida, effective February 14, 2005.

In addition to making this notation in your corporate records, please so advise the State's Division of Corporation accordingly, and also, please remove my name as authorized signer on the corporation's bank account(s).



Michael Bokor

CLERK OF STATE
TALLAHASSEE, FLORIDA

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