## P95000047715

Requester's Name	- W Exemple		ED
Address	-	OI FEB -5 TALLAHASSE	<b>AM 9: 25</b> ÚF STATE
City/Stati M. ROSHAUEN 24102 CORDNA STAMPA, FL 33625	1 7	ffice Use Only	E.FLORIDA
CORPORATION NAME(S) & DOCUM		<del></del> -	1126002
(Corporation Name)	(Document #)		
2. (Corporation Name)	(Document #)	<u> </u>	
3.			
(Corporation Name)	(Document #)		
4(Corporation Name)	(Document #)		
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	_ , , , , , ,	Certified Copy  Certificate of Status	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  NEW FILINGS  Profit The P	AMENDMENTS  Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger	d Agent	-
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUA  Foreign Limited Partnership Reinstatement Trademark Other	<u>LIFICATION</u>	- 
		Evaminer's Initials	

CR2E031(7/97)

OI FEB -5 AM 9: 25

SLOKE JAKY OF STATE
TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION

I, Michael Roshaven	hereby resign as Secretary / Treasurer			
	(Title)			
of_DOC-U-CARE, Inc. and all subsidiary cor				
(Name of Corporation)	,			
a corporation organized under the laws of the State	of Florida			
and affirm that the corporation has been notified in writing of the resignation.				
///n//				
(Signature of res	igning officer/director)			

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314