

P96000082697

HispanCare, Inc.

P.O. Box 546005

Surfside, Florida 33154-6005

City/State/Zip

Phone #

600003037166--4

-11/05/99--01104--001

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

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TALLAHASSEE, FLORIDA

☐ Walk in

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☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

AF Res
11-12-99
AKS

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

OFFICER / DIRECTOR RESIGNATION

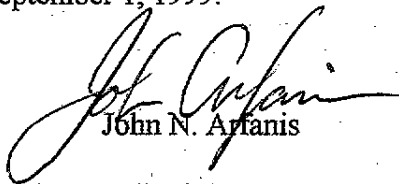
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TALLAHASSEE, FLORIDA

I, John N. Arfanis, hereby resign as Director, Shareholder and Employee of:

HispanCare, Inc.

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.
My resignation is effective September 1, 1999.


John N. Arfanis

FILING FEE IS \$35.00