

P97000080060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300050231863

04/12/05--01052--004 **35.00

FILED
05 APR 12 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

c
o/ples
REG
4/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pantheon Superior Healthcare, Inc
(Name of Corporation)

DOCUMENT NUMBER: P97000080060

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

Please return all correspondence concerning this matter to the following:

Patrece A Frisbee

(Name of Person)

Pantheon Superior Healthcare, Inc.

(Name of Firm/Company)

5226 Alton Road

(Address)

Miami Beach, FL 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

Patrece A Frisbee

(Name of Person)

at (

305.867.4466

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Angela M Lombardi, hereby resign as OD
(Title)

of Pantheon Superior Healthcare, Inc
(Name of Corporation)

P97000080060, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

FILED
05 APR 12 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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