

P97000086954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

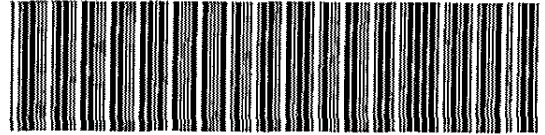
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officer Resignation



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN JUL 19 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEY HEALTHCARE MANAGEMENT
(Name of Corporation)

DOCUMENT NUMBER: P97000086954

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

Please return all correspondence concerning this matter to the following:

DAWN STEINBERG
(Name of Person)

KEY HEALTHCARE MANAGEMENT
(Name of Firm/Company)

3140 N. 36th Street
(Address)

Hollywood, Fla 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

DAWN STEINBERG at (305) 891-0050 x2225
(Name of Person) (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**

FILED
05 JUL 14 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DAWN STEINBERG, hereby resign as President Vice President
(Title) + Director
of KEY HEALTHCARE MANAGEMENT, INC.
(Name of Corporation)
P97000086954, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Dawn Steinberg
(Signature of resigning officer/director)

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