

P980000002930

(Requestor's Name)

(No Return Address)

(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



200008528382

10/24/02--01048--002 **35.00

FILED
02 OCT 24 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P980000002930
10-24-02
28 OCT 02
035000000896

OFFICER / DIRECTOR RESIGNATION

I, Virginia Eldermire, hereby resign as Vice President
(Title)

of Mission Health Care Inc.
(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.

Virginia Eldermire
(Signature of resigning officer/director)

FILED
OCT 24 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**