

P 98000100265

Requestor's Name	
Address	
City/State/Zip	Phone #

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99 NOV 18 AM 8:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #) 700003048867--3  
-11/18/99--01072--006
2. \_\_\_\_\_  
(Corporation Name) (Document #) \*\*\*\*\*70.00 \*\*\*\*\*35.00
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OFF Rec  
11-24-99  
PMS

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 4, 1999

Hialeah Adult Day Center, Inc.  
5323 West 20th Avenue  
Hialeah, FL 33012

SUBJECT: HIALEAH ADULT DAY CENTER, INC.  
Ref. Number: P98000100265

We have received your document for HIALEAH ADULT DAY CENTER, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

It is not necessary to file a registered agent resignation if a statement of change of registered agent is filed.

The fee to resign as officer/director is \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 099A00039535

**OFFICER / DIRECTOR RESIGNATION**

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

99 NOV 18 AM 8:11

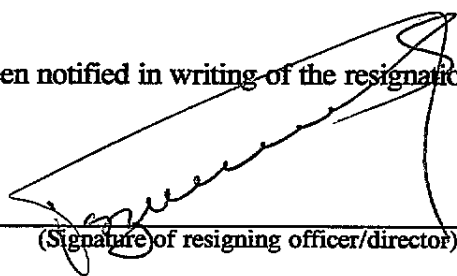
**FILED**

I, FREDDY S. ZERON, hereby resign as PRESIDENT  
(Title)

of HIALEAH ADULT DAY CENTER, 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.



(Signature of resigning 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**