

P99000011602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 MAR 23 PM 2:11

MAR 29 2016
C LEWIS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTHCARE NATIONAL MARKETING, INC
(Name of Corporation)

DOCUMENT NUMBER: P99000011602

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

Please return all correspondence concerning this matter to the following:

TINA GODSEY

(Name of Person)

HEALTHCARE NATIONAL MARKETING, INC.

(Name of Firm/Company)

5211 US HWY 19 SUITE 200

(Address)

NEW PORT RICHEY, FL 34652

(City/State and Zip Code)

For further information concerning this matter, please call:

SHERRI PAULES

(Name of Person)

at **727 846-7164**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**OFFICER/DIRECTOR RESIGNATION
FOR A CORPORATION**

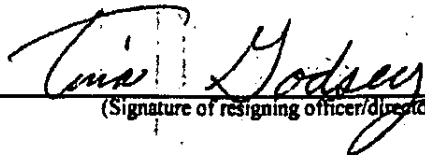
16 MAR 23 PM 2:11

I, TINA GODSEY, hereby resign as BOARD MEMBER
(Title)

of HEALTHCARE NATIONAL MAREKTING, INC.
(Name of Corporation)

P99000011602, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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