

P99000081843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

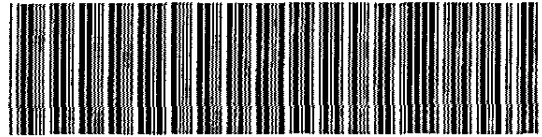
(Business Entity Name)

(Document Number)

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05 APR 15 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4-15-05 am  
CDRS

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Inpatient Care, INC  
(Name of Corporation)

DOCUMENT NUMBER: P990000 81843

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

Please return all correspondence concerning this matter to the following:

Alexander Tirado  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1987 NW 88th Court Ste 201  
(Address)

Miami FL 33172  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Tirado at (305) 962-1789  
(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

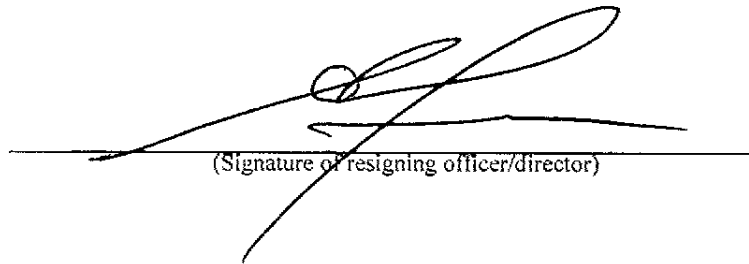
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Alexander Tirodu, hereby resign as Director and Officer  
(Title)

of INPATIENT CARE, INC  
(Name of Corporation)

P99000081843, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
**05 APR 15 PM 12:23**  
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