

F13000003731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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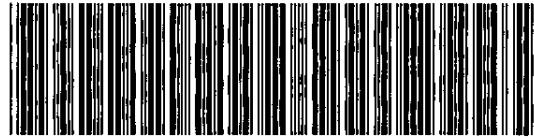
(Business Entity Name)

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JAN - 9 A.M.

EXAMINER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE FAMILY INSTITUTE FOR HEALTH & HUMAN SERVICES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** F13000003731

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

Please return all correspondence concerning this matter to the following:

MARK BAKER  
(Name of Person)

THE FAMILY INSTITUTE FOR HEALTH & HUMAN SERVICES, INC  
(Name of Firm/Company)

14701 VISTA VERDI RD ~~XXXXXX~~  
(Address)

DAVIE FL 33325  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK BAKER at ( 954 ) 476-6769  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARK BAKER, hereby resign as president  
(Title)

of THE FAMILY INSTITUTE FOR HEALTH & HUMAN SERVICES INC  
(Name of Corporation)

F13000003731, a corporation organized under the laws of the State of  
(Document Number, if known)

North Carolina / Florida

Mark Baker  
(Signature of resigning officer/director)

2013 DEC 31 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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