

L74462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

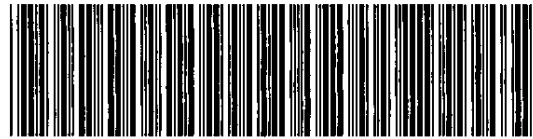
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MILLER WEST ANIMAL HOSPITAL, INCORPORATED  
(Name of Corporation)

**DOCUMENT NUMBER:** L74462

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

Please return all correspondence concerning this matter to the following:

**CESAR JAVELLANA**   
(Name of Person)

MILLER WEST ANIMAL HOSPITAL INCORPORATED  
(Name of Firm/Company)

15094 SW 56TH STREET  
(Address)

MIAMI, FL. 33185  
(City/State and Zip Code)

For further information concerning this matter, please call:

CESAR JAVELLANA at ( 305 ) 383-0421  
(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

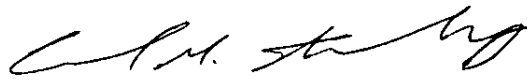
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GAMAL SHANBAKY, hereby resign as DV  
(Title)

of MILLER WEST ANIMAL HOSPITAL INCORPORATED,  
(Name of Corporation)

L74462, 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

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DIVISION OF CORPORATIONS  
13 JAN 14 PM 2:13