

P03000047404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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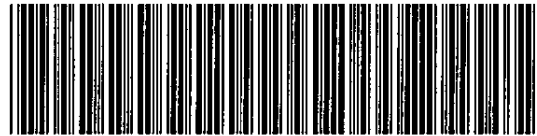
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 17 PM 3:17

Ps for 10/06
01/2/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SILVER AGE MEDICAL SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000047404

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

Please return all correspondence concerning this matter to the following:

Luis A. Gayoso

(Name of Person)

SILVER AGE MEDICAL SERVICES

(Name of Firm/Company)

7821 SW 24 ST SUITE 121

(Address)

MIAMI FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis A. Gayoso

(Name of Person)

at (305) 467 6557

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 17 PM 3:17

I, NICHOL GONZALEZ, hereby resign as PRESIDENT
(Title)

of SILVER AGE MEDICAL SERVICES, INC.
(Name of Corporation)

PD3000047404, 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