

POC000116364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

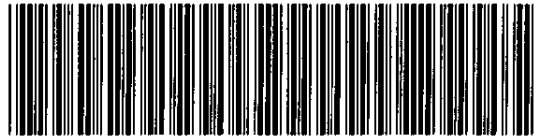
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800128278898

05/02/08--01009--022 **35.00

FILED

2008 MAY -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

tlb
Ry
S

5-702

COVER LETTER

4/28/08
TO: Amendment Section
Division of Corporations

SUBJECT: AP & JL MEDICAL CENTER, INC.

(Name of Corporation)

DOCUMENT NUMBER: P06000116364

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

Please return all correspondence concerning this matter to the following:

ANA T PIMENTEL

(Name of Person)

AP & JL MEDICAL CENTER, INC.

(Name of Firm/Company)

8181 NW 36 ST SUITE 11

(Address)

MIAMI FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Bello

(Name of Person)

at (305) 301-9937

(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:

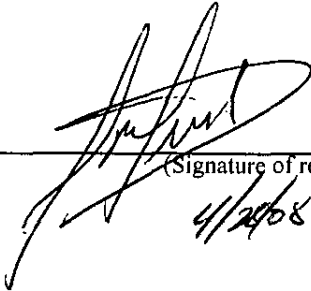
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOSE L PEREZ, hereby resign as Vice President
(Title)

of AP & JL MEDICAL CENTER, INC.
(Name of Corporation)

P06000116364, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)
4/24/08

FILED
2008 MAY -2 AM 9:29
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