P09000028476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: HDH Medical Center INC
(Name of Corporation)

DOCUMENT NUMBER: P09000028476

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

Please return all correspondence concerning this matter to the following:

Acirema Rodriguez
(Name of Person)

HDH Medical Center INC.
(Name of Firm/Company)

7911 NW 72 AVE suite # 109 A-B
(Address)

Medley Florida 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Acirema Rodriguez at (305) 716-0964
(Name of Person) (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, Raul Rodriguez, hereby resign as President
(Title)

of HDH Medical Center INC
(Name of Corporation)

P09000028476, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

(Signature of resigning officer/director)

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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