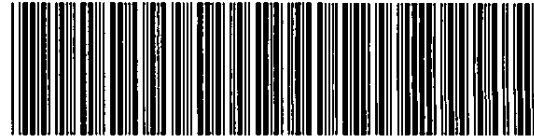


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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASOCIACION PROTECTORA DEL HOSPITAL DEL NIÑO JESUS CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** 712000014135.

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

Please return all correspondence concerning this matter to the following:

JORGE A. POZZO  
(Name of Person)

ASOCIACION PROTECTORA DEL HOSPITAL DEL NIÑO JESUS CORP.  
(Name of Firm/Company)

3874 NE 167th St  
(Address)

North Miami Bch Fl 33160.  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTA B. FIGUEROA at ( 305 ) 790-8268.  
(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

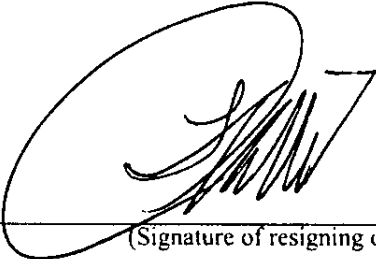
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JORGE A. Pozzo, hereby resign as PRESIDENT  
(Title)

of ASOCIACION PROTECTORA DEL HOSPITAL DEL NINO JESUS CORP.  
(Name of Corporation)

712000014135, 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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TALLAHASSEE, FLORIDA

2016 SEP 23 PM 10:00

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