

P12 0000 141 35

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

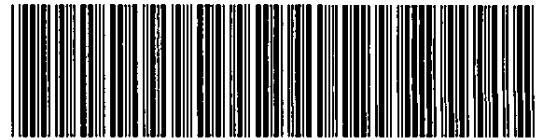
(Business Entity Name)

(Document Number)

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SEP 27 2015
C. CARROTHERS

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STATE OF MARYLAND
BALTIMORE, MARYLAND

SEP 27 2015
C. CARROTHERS

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

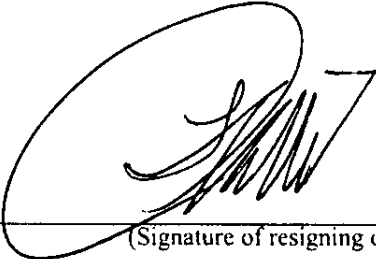
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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