

P13000068518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

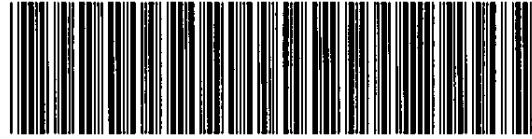
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SOUTH FLORIDA
STATE

CRM
5/19/15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Life Medical Center & Research INC.
(Name of Corporation)

DOCUMENT NUMBER: P13000068518

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Rosario D. Capaz
(Name of Person)

Life Medical Center & Research
(Name of Firm/Company)

6801 NW 77 Ave Suite 104/105
(Address)

Miami FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosario D. Capaz at (305) 883-8800
(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

FILED
15 MAY 13 AM 7:40
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, France T. Occy, hereby resign as president
(Title)

of Life Medical Center + Research INC
(Name of Corporation)

P13000068518, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
15 MAY 13 AM 7:41
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