

P130000068518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

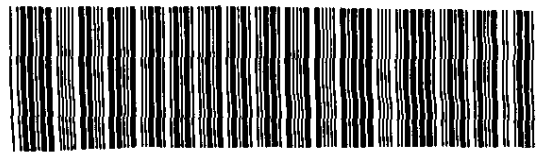
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TRANSMITTAL LETTER

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 Capaz

(Name of Person)

Life Medical Center & Research, Inc.

(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 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

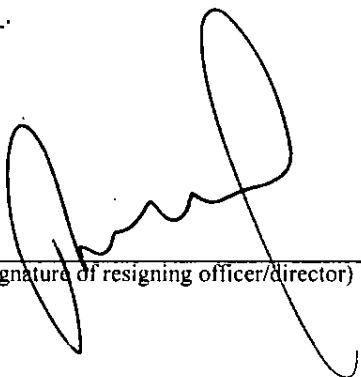
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Carlos Perez, 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)

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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