

P21000053107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

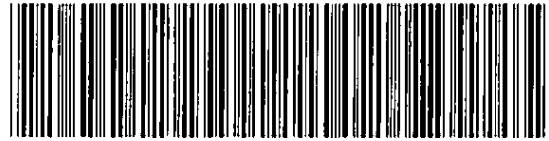
(Business Entity Name)

(Document Number)

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A. BUTLER  
NOV 27 2023

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MI TIERRA MEDICAL GROUP CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P21000053107  
\_\_\_\_\_

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

JOAN RODRIGUEZ  
\_\_\_\_\_  
(Name of Person)

MI TIERRA MEDICAL GROUP CORP  
\_\_\_\_\_  
(Name of Firm/Company)

14221 SW 120TH ST SUITE 125  
\_\_\_\_\_  
(Address)

MIAMI, FL 33186  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOAN RODRIGUEZ at ( 786 238-3054 )  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LEONEL RODRIGUEZ MARTINEZ, hereby resign as PRESIDENT  
(Title)

of MI TIERRA MEDICAL GROUP CORP  
(Name of Corporation)

P21000053107, 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

FILED  
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