

P9300002765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

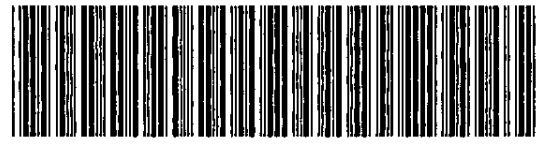
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PMC Medical Center, INC  
(Name of Corporation)

DOCUMENT NUMBER: P93000022765

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

Please return all correspondence concerning this matter to the following:

MIREYA MANZANO  
(Name of Person)

PMC Medical Center INC  
(Name of Firm/Company)

1500 SW 27 Ave  
(Address)

MIAMI FL 33145  
(City/State and Zip Code)

For further information concerning this matter, please call:

MIREYA MANZANO at ( 305 ) 448-1500  
(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

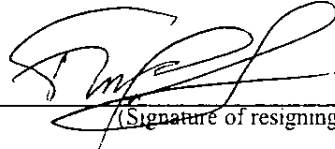
OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION

I, FRANCESCO CABRERA, hereby resign as PRESIDENT / SECRETARY  
(Title)

of PMC Medical Center INC  
(Name of Corporation)

P93000022765, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 AUG - 1 PM 2:18

FILED

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