

P98000069212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

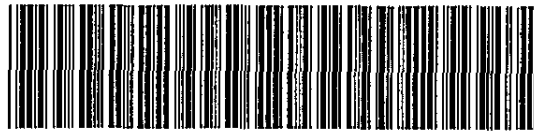
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Preferred Medical #2, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98 0000 69212

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

Please return all correspondence concerning this matter to the following:

Mark Goldberg, Esq.
(Name of Person)

(Name of Firm/Company)

5400 S. University Dr. #601
(Address)

Daue, FL 33328
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Goldberg at (954) 252-5800
(Name of Person) (Area Code & Daytime Telephone Number)

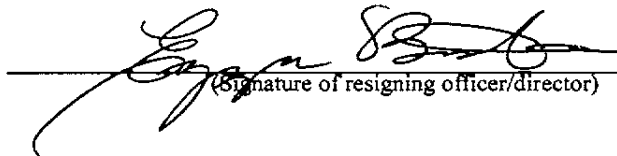
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Esperanza Basto, hereby resign as President / Director
(Title)
of Preferred Medical # 2, Inc.
(Name of Corporation)
P98000069212, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

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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