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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: RYHC MEDICAL	CENTER, INC.				
SUBJECT.	(Name of	Corporatio	on)		
DOCUMENT NUMBER:					
The enclosed Officer/Director Re	signation for a Corp	oration ar	d fee are sub	omitted fo	or filing.
Please return all correspondence	concerning this matt	ter to the f	ollowing:		
CHRISTINA RODRIGUEZ					
(Name of P	erson)		•		• • •
RYHC MEDICAL CENTER, I	NC				
(Name of Firm)	Company)			7,	
1800 SW 1 STREET					
(Addres	s)			. -	
MIAMI, FL 33135					
(City/State and	Zip Code)				•
For further information concernir	g this matter, please	e call:			
CHRISTINA RODRIGUEZ	at (7	'86 , ;	295-3167		
(Name of Person)	—— at (Ar	ea Code &	295-3167 Daytime Tele	ephone Nu	ımber)
Enclosed is a check for \$35.00 m	ade payable to the F	lorida De _l	partment of S	State.	·
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address Amendment Second Post Office Box Tallahassee, FL	ction porations 6327			

SECRETARY OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION FEB 15 AM | 1:53

YANIS CRUZ	, hereby resign as VICE PRESIDENT
	(Title)
RYHC MEDICAL CENTER, INC	
(Name of Corpo	ration)
Po (o 000 123848 , a cor (Document Number, if known)	poration organized under the laws of the State of
FLORIDA	The state of the s
(Signature	Designing 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