

POC000116364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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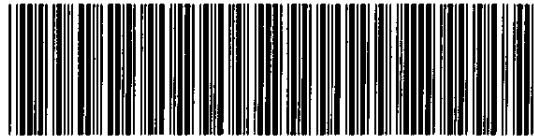
(Business Entity Name)

(Document Number)

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2008 MAY -2 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

4/28/08  
**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AP & JL MEDICAL CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000116364

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

Please return all correspondence concerning this matter to the following:

ANA T PIMENTEL

(Name of Person)

AP & JL MEDICAL CENTER, INC.

(Name of Firm/Company)

8181 NW 36 ST SUITE 11

(Address)

MIAMI FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Bello

(Name of Person)

at ( 305 ) 301-9937

(Area Code & Daytime Telephone Number)

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

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

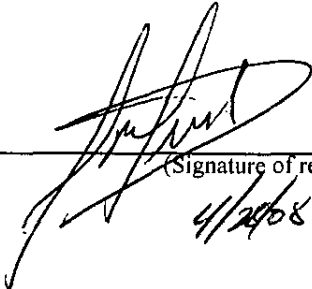
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOSE L PEREZ, hereby resign as Vice President  
(Title)

of AP & JL MEDICAL CENTER, INC.  
(Name of Corporation)

P06000116364, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)  
4/24/08

**FILED**  
2008 MAY -2 AM 9:29  
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