

705164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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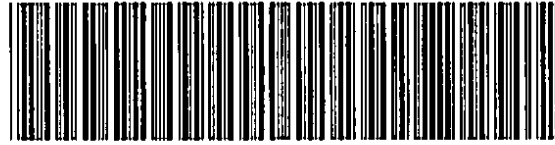
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

12/1/2022

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROWARD HEALTH MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FL

(Name of Corporation)

DOCUMENT NUMBER: 705164

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

Please return all correspondence concerning this matter to the following:

David Di Pietro, Esq.

(Name of Person)

Di Pietro Partners, PLLC

(Name of Firm/Company)

901 East Las Olas Blvd. Suite 202

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

David Di Pietro

_____ at (954) 712-3070
(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**

FILED

2022 AUG -9 AM 8: 21


**SECRETARY OF STATE
TALLAHASSEE, FL**

I, Pamela Africk, hereby resign as Vice President
(Title)

of BROWARD HEALTH MEDICAL CENTER AUXILIARY OF FORT LAUDERDALE, FLORIDA, INC.
(Name of Corporation)

705164, 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