

761540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

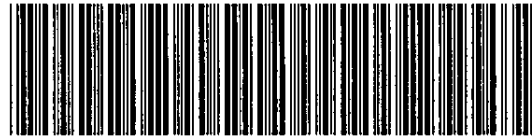
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200235053142

05/14/12--01023--006 **35.00

FILED
2012 MAY 14 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Bay Latin-American Medical Society, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 761540

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

Please return all correspondence concerning this matter to the following:

Paul C. Jensen, Esq.

(Name of Person)

Paul C. Jensen Attorney At Law, LLC

(Name of Firm/Company)

2001 16th Street North

(Address)

St. Petersburg, FL 33704

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul C. Jensen

(Name of Person)

at (727) 825-0099

(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

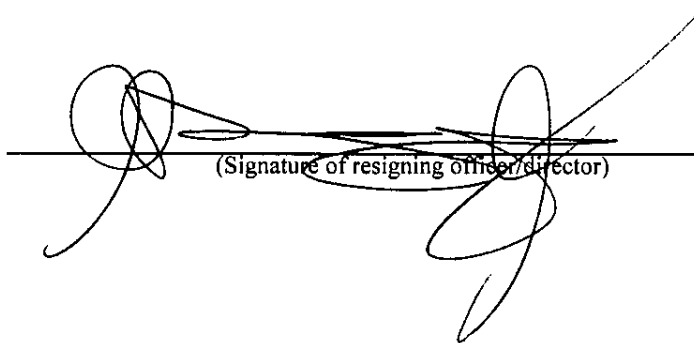
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jose Dominguez, MD, hereby resign as Director
(Title)

of Tampa Bay-Latin-American Medical Society, Inc.
(Name of Corporation)

761540, 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

2012 MAY 14 AM 8:14

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