

# H51652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

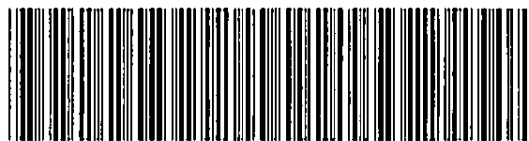
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SKIN CANCER TREATMENT CENTER, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** H51652  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

FREDERICK RAMIREZ, ESQ  
\_\_\_\_\_  
(Name of Person)

RAMIREZ LAW, PA  
\_\_\_\_\_  
(Name of Firm/Company)

10001 PINES BLVD, PEMBROKE PINES, FL 33024  
\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

FREDERICK RAMIREZ at (954 436 0114)  
\_\_\_\_\_  
(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**

I, RON R. RAMIREZ, hereby resign as VICE PRESIDENT (VP)  
(Title)

of SKIN CANCER TREATMENT CENTER, INC  
(Name of Corporation)

1151652  
(Document Number, if known), a corporation organized under the laws of the State of

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

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2023 NOV -6 AM 9:22  
TALLAHASSEE  
SECTION OF  
FLORIDA DEPARTMENT OF STATE