

L13000172571

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*resignation  
of member*

05/15/14--01010--007 \*\*35.00

FILED  
2014 MAY 15 PM 4:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*5/28/14*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ultra Care Medical Centers, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L13000172571

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

Please return all correspondence concerning this matter to the following:

Ralph G. Patino, Esq.

(Name of Person)

Patino & Associates, P.A.

(Name of Firm/Company)

550 Biltmore Way, Suite 740

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Ralph G. Patino

(Name of Person)

at ( 305 ) 443-6163

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

MEMBER'S RESIGNATION

FILED  
2014 MAY 15 PM 4:27  
CLERK OF STATE  
TREASURY, FLORIDA

The Chairman then recognized the member named below who tendered his resignation, effective upon duly executing this resignation. Upon motion duly made, seconded and carried said resignation was accepted and the secretary of the meeting was ordered to spread same upon the minutes of the meeting.

I Jose Ramon Cabrera, member, of Ultra Care Medical Centers, LLC, do hereby tender my resignation as member of Ultra Care Medical Centers, LLC, to take effect upon execution of this document, which resignation is accepted.

Dated

4/16/2014

Jose Ramon Cabrera  
Member

[Signature]

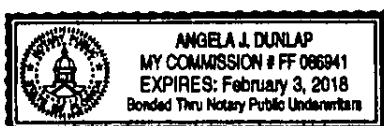
Osvaldo Sarduy  
Chairman

STATE OF FLORIDA

COUNTY OF Miami Dade

Sworn to and subscribed before me by Jose Ramon Cabrera this 16th  
day of April, 2014, and who is either \_\_\_\_\_ personally known to me, or has  
X produced identification in the form of Florida Driver's license

[Signature]  
Notary Public State of Florida



My Commission Expires \_\_\_\_\_