

N16000000 4900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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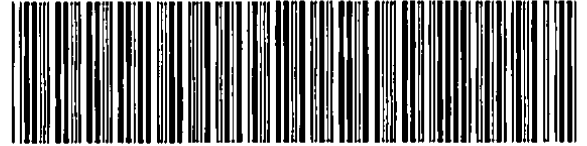
(Business Entity Name)

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2019 AUG 22 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FL

D/D-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: United States Association of International Medical Graduates, Inc

(Name of Corporation)

DOCUMENT NUMBER: N16000004900

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

Please return all correspondence concerning this matter to the following:

Shitta Bye Olanshile

(Name of Person)

United States Association of International Medical Gra

(Name of Firm/Company)

8000 West Dr.

(Address)

North Bay Village, FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Patino _____ at (407) 6174621
(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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Jose Patino, hereby resign as Officer
(Title)

of United States Association of International Medical Graduates, Inc.
(Name of Corporation)

N16000004900, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FL

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