

P00000004399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

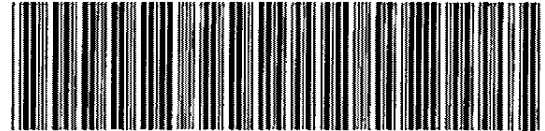
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TALLAHASSEE, FLORIDA

O/O Resign
[Signature]

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Professional Medical Consultant Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P00000004399

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

Please return all correspondence concerning this matter to the following:

Antonio Ricolt

(Name of Person)

Professional Medical Consultant Services, Inc.

(Name of Firm/Company)

10 NW LeJeune Road, Ste. 303

(Address)

Miami, Fl. 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio Ricolt

(Name of Person)

at (305) 345-6196

(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ana Ricolt, hereby resign as President
(Title)

of Professional Medical Consultant Services, Inc.
(Name of Corporation)

P00000004399, 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

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