

P00000012100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

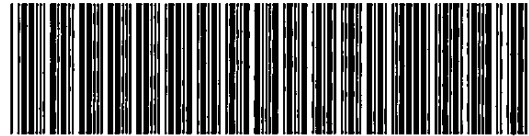
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400079869914

09/18/06--01009--018 **35.00

FILED
06 SEP 18 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off
nes

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Complete Family Medical Care, INC
(Name of Corporation)

DOCUMENT NUMBER: P00000012100

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

Please return all correspondence concerning this matter to the following:

Adonis Maigvez, MD
(Name of Person)

Adonis Maigvez, MD
(Name of Firm/Company)

351 NW 42 Ave #315
(Address)

Miami, FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

Adonis Maigvez, MD at (305) 644 2212
(Name of Person) (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

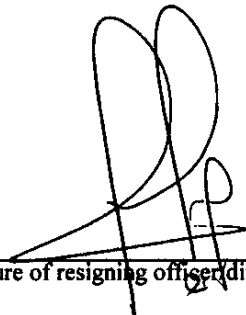
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Adonis Maiquez, MD, hereby resign as Vice Director
(Title)

of Complete Family Medical Care, INC
(Name of Corporation)

P00000012100, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
06 SEP 18 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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