

PD0000102156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

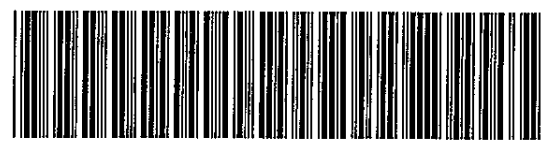
(Business Entity Name)

(Document Number)

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06/17/05--(1043--102) **35.00

1/3 6/21/05
R. Kos.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIAMI CENTRO HISPANO MEDICAL GROUP, INC
(Name of Corporation)

DOCUMENT NUMBER: P00000102156

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LILLIAN SARDINAS

(Name of Person)

LILLIAN SARDINAS ACCOUNTANT, INC.

(Name of Firm/Company)

7171 CORAL WAY, SUITE 517

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

LILLIAN SARDINAS at (305) 262-7300
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

ARMANDO PINEDA-VELEZ MD
9235 NW 1ST STREET
CORAL SPRINGS, FL 33071-7542
Phone: (754) 368-1439

June 13, 2005

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

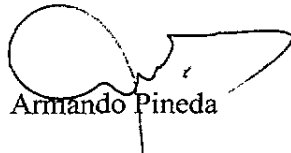
Re: Miami Centro Hispano Group, Inc.
Document No.: P00000102156

Dear Sir or Madam:

The purpose of this letter is to inform you that I am not the Registered Agent for the above mentioned corporation. I have never accepted the designation as Registered Agent of said corporation. I am enclosing the resignation as Registered Agent.

If you have any questions regarding this matter, please contact me directly at the above telephone number from 9AM to 6PM Mondays through Fridays or write to me at the above address.

Sincerely,


Armando Pineda

cc: Copy File

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
05 JUN 17 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, ARMANDO PINEDA

(Name of Registered Agent)

hereby resigns as Registered Agent for MIAMI CENTRO HISPANO MEDICAL GROUP, INC.

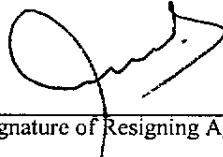
(Name of Corporation)

P00000102156

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

ARMANDO PINEDA

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**