

P00000117292

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clinica Fatima, Inc.
(Name of corporation)

DOCUMENT NUMBER: P00000117292

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco L. Padron, MD
(Name of person)

Clinica Fatima, Inc.
(Name of firm/company)

3320 Palm Avenue
(Address)

Hisleah, FL 33012
(City/state and zip code)

300007765493--4
-09/16/02--01038--021
*****35.00 *****35.00

For further information concerning this matter, please call:

Francisco L. Padron, MD at (305) 828-3934
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the 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

FILED
02 SEP 16 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E045(07/02)

officer/director Resignation

T BROWN SEP 23 2002

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FILED
02 SEP 16 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


OFFICER / DIRECTOR RESIGNATION

I, Jorge A. ALVAREZ, hereby resign as PRESIDENT / DIRECTOR
(Title)

of CLINICA FATIMA, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

