

P00000117292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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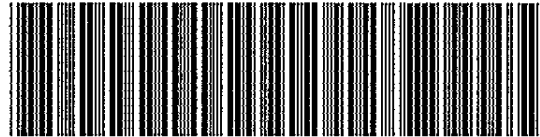
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS,

06 FEB 17 AM 11:15

✓ O/D Resign

02/27/06

DC

TO: Amendment Section
Division of Corporations

SUBJECT: CLINICA FATIMA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000117292

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

Please return all correspondence concerning this matter to the following:

Francisco Padron
(Name of Person)

Clinica Fatima, Inc.
(Name of Firm/Company)

3320 Palm Avenue
(Address)

Hialeah, Florida 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

Francisco Padron at (305) 885-8511
(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, Ruben Cervera, hereby resign as President, Director and Secretary of

Clinica Fatima, Inc.
(Name of Corporation)

P00000117292, a corporation organized under the laws of the State of Florida.


(Signature of resigning officer / director)

FILING FEE: \$35.00

Make check payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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