

P01000010483

**DR. JUAN IBANEZ**  
301 3rd ST. N.W.  
SUITE 218  
WINTER HAVEN, FL 33881

City/State/Zip

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 MAY 29 AM 8:18

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

000004326160--1  
-05/29/01--01143--013  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
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- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

*o/p resig.*

V. SHEPARD JUN 7 2001

Examiner's Initials

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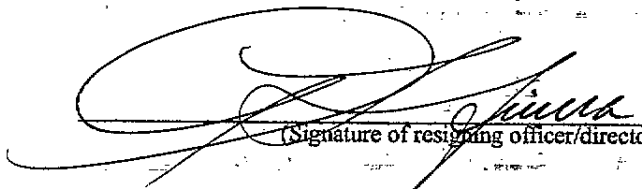
## OFFICER / DIRECTOR RESIGNATION

I, ANGEL RIVERA, hereby resign as TREASURER  
(Title)

of TRI-COUNTY CLINIC, 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**