## P01000019402

Requester's Name

Maria M. Hernands

6750 S.W. 39 Tell

Officine, Horeda 33155

200004315462---2 -05/24/01--01074--013 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

1.	(Corporation Name)	(Document #)	
2.	(Corporation Name)	(Document #)	
3.	(Corporation Name)	(Document #)	er e
4.	(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Certified Copy  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	

Examiner's Initials 15/30



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## OFFICER / DIRECTOR RESIGNATION

I, MARIA M. RUIZ HERNANDEZ, hereby resign as DIRECT	OR			
(Title)				
of MEDICAL GROUP CENTER, INC. (As of 4/16/61)				
(Name of Corporation)				
a corporation organized under the laws of the State ofFLORIDA				
and affirm that the corporation has been notified in writing of the resignation.				
maria M. Ruiz Hernandez				
(Signature of resigning officer/director)  Maria M. Ruiz Hernandez				

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