

PO1000056447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

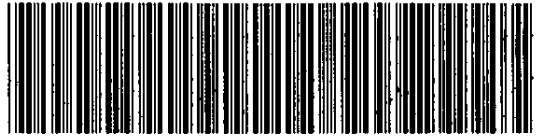
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off. Resign.

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GEMINI MEDICAL GROUP, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P01000056447

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

Please return all correspondence concerning this matter to the following:

JUAN C. PRIETO

(Name of Person)

(Name of Firm/Company)

4281 W 10 AVE

(Address)

HIALEAH, FL, 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN C. PRIETO

(Name of Person)

at (305) 904-3493

(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, JUAN C. PRIETO, hereby resign as SECRETARY
(Title)

of GEMINI MEDICAL GROUP, CORP.
(Name of Corporation)

P01000056447, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

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

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