

PO1000073782

Requester's Name

CARLOS CONTRERAS, M.D.
P.O. Box 55-8927
MIAMI, FL 33255-8927
City/State/Zip

Office Use Only

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

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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*****55.00 *****52.50

- ☐ 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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 10 PM 3:49

CC/CLIS O/D Res
Examiner's Initials 100
10/10/01


OFFICER / DIRECTOR RESIGNATION

I, CARLOS S. CONTRERAS, M.D., hereby resign as VICE-PRESIDENT
(Title)

of UNIVERSAL MANAGEMENT GROUP, 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.

 M.D., FORMER VICE-PRESIDENT
(Signature of resigning officer/director)

10/4/01

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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**

Carlos S. Contreras, M.D.
P.O. Box 55-8927
Miami, Florida 33255-8927
October 4, 2001

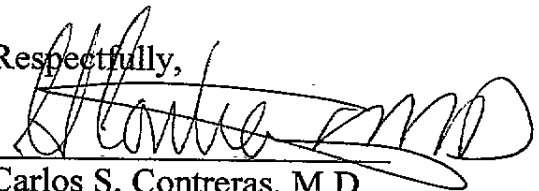
Jose Rodriguez, President
Universal Management Group, Inc.
1735 N.W. 7th Street
Miami, Florida 33125

Dear Mr. Rodriguez,

I categorically resign my position as Vice-President, and resign as a Co-Signer in the corporate account at City National Bank, in Miami, Florida, account # 6003156210. My resignation was submitted and accepted by you last Friday September 28, 2001. I also renounce to ownership of 50% of Corporate Shares.

Copies of this letter will be submitted to the bank, to **Florida Department of State**, to **MEDICAID**, to **MEDICARE** and to you. Thank you.

Respectfully,


Carlos S. Contreras, M.D.

P.S. Please send, confirmation of your receipt of my letter.