, (Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT	: THE PENA MEDICAL GROUP CORP.			
	(Name of Corporation)			
DOCUME	NT NUMBER:P02000021963			
The enclos	ed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please retu	rn all correspondence concerning this matter to the following:			
	HERIBERTO PEÑA, M. D.			
	(Name of Person)			
-	THE PENA MEDICAL GROUP CORP.			
	(Name of Firm/Company)			
	330 SW 27th AVENUE, SUITE 701			
	(Address)			
	MIAMI, FLORIDA 33135-2961			
	(City/State and Zip Code)			
For further	information concerning this matter, please call:			
F	(Name of Person) at (786) 247-3775 (Area Code & Daytime Telephone Number)			
•	(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed i	s a check for \$35.00 made payable to the Florida Department of State.			
Street Add Amendmen Division of Clifton Bu 2661 Exec Tallahassed	Iress: Amendment Section Corporations Ilding Utive Center Circle E, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ī	HERIBERTO PEÑA, M. D.	, hereby resign as	PRESIDENT
-,		,	(Title)
of		DICAL GROUP CORP.	,
	(Name of	Corporation)	
	P02000021963 (Document Number, if known)	a corporation organized under th	ne laws of the State of
	FLORIDA		
	(Sdg	nature of resigning officer/director)	<u>-3/13/</u> 2009
		LING FEE IS \$35.00	2009 MAR 20 AM SECRETARY OF TALLAHASSEE.F
	Make checks payable to	Florida Department of State	and mail to: 🚉 🧓 🖫

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