

PO2000046920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

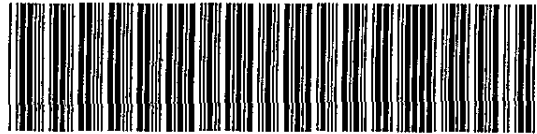
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



700042424947

11/18/04--01020--016 \*\*78.75

FILED

04 NOV 18 PM 1:44

CLERK OF COURT  
TALLAHASSEE, FLORIDA

Ps 11/29/04  
o/p/los

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** S.L. MEDICAL CENTER, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000046920

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 LUIS NAVARRO

(Name of Person)

S.L. MEDICAL CENTER, INC.

(Name of Firm/Company)

4230 WEST 16TH AVENUE

(Address)

HIALEAH FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN LUIS NAVARRO

(Name of Person)

at ( 305 ) 698-6982

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

04 NOV 18 PM 1:44

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

I, ANA MARGARITA GONZALEZ, hereby resign as SECRETARY  
(Title)

of S.L. MEDICAL CENTER, INC.  
(Name of Corporation)

P02000046920, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

H. Gonzalez

(Signature of resigning officer/director)

**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