

P03000006015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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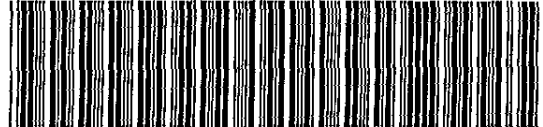
(Business Entity Name)

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DIVISION OF CORPORATIONS
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V SHEPARD APR 17 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMEF MEDICAL CENTERS, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000006015

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

Please return all correspondence concerning this matter to the following:

ROSA LOPEZ

(Name of Person)

AMEF MEDICAL CENTERS, INC

(Name of Firm/Company)

8370 WEST FLAGLER ST #210

(Address)

MIAMI, FL. 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

LILIA L. GONZALEZ

(Name of Person)

at (305) 228-1322

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -7 PM 3:05

I, RAFAEL GONZALEZ, hereby resign as VD
(Title)

of AMEF MEDICAL CENTERS, INC
(Name of Corporation)

P03000006015, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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