

PD3000006751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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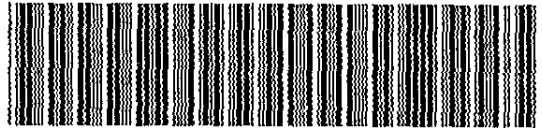
(Business Entity Name)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

07/23/04
MD 728

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Beach Medical Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000006751

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

Please return all correspondence concerning this matter to the following:

Joseph H. Jean

(Name of Person)

(Name of Firm/Company)

5544 Albin Drive

(Address)

Greenacres, FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph H. Jean

(Name of Person)

at (561) 436-5880

(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**

I, Joseph H. Jean, hereby resign as Vice President
(Title)

of Palm Beach Medical Center, Inc.
(Name of Corporation)

P03000006751, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Joseph H. Jean
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 23 PM 2:47

FILED

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