P03000006751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PALM BEACH MEDICAL CENTER, INC.

DOCUMENT NUMBER: P03000066751

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY VALERE
(Name of Contact Person)

(Firm/ Company)

2161 SW 129 AVE
(Address)

MIRAMAR FL 33027
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

GREGORY VALERE at (954) 602-5211
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, GREGORY VALERE, hereby resign as an Officer
(Title)

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

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

Gregory Valere
(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