

P03000010715

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MedChoice Medical Center of Miami, Inc  
(Name of Corporation)

DOCUMENT NUMBER: P 03 0000 10715

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Alexander Tirado  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

10290 S.W. 58 STREET  
(Address)

MIAMI, FL 33173  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Tirado at (305) 962-1789  
(Name of Person) (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, Michael J MARTIN, MD, hereby resign as Director and OFFICER  
(Title)  
of MedChoice Medical Center of Miami, INC  
(Name of Corporation)  
P03000010715, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Michael J Martin, MD  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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