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TRANSMITTAL LETTER

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04 JUL -1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: ALVARO M. MURCIA M.D.P.A.

(Name of Corporation)

DOCUMENT NUMBER: P03000024355

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

ALVARO M. MURCIA

(Name of Person)

ALVARO M. MURCIA M.D. P. A.

(Name of Firm/Company)

13803 N.W. 11TH COURT

(Address)

PEMBROKE PINES, FLORIDA 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

ALVARO M. MURCIA M.D.PA. at (954) 443-3832

(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

FILED
04 JUL - 1 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ^{L.} OLGA VALERO, hereby resign as VICE-PRESIDENT
(Title)

of ALVARO M. MURCIA M.D.P.A.
(Name of Corporation)

P03000024355, 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