

P03000041373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

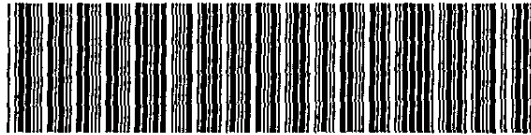
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Old Resign
8/11/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eli Medical Center Inc
(Name of Corporation)

DOCUMENT NUMBER: PO 2000041373

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

Please return all correspondence concerning this matter to the following:

Maria Julia Palmer
(Name of Person)

5923 SW 8 ST
(Name of Firm/Company)

Miami
(Address)

Miami FL 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Palmer at (305) 968 96 10
(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, Maria Julia Palmer, hereby resign as President/Director
(Title)
of ELI Medical Center, Inc.
(Name of Corporation)
PO 30000 41373, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Maria Julia Palmer
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA