

P03 0000 47400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

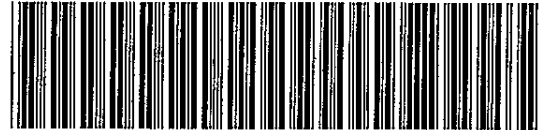
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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1/27/05--01021--017 **35.00

✓ Old Resign.

02/24/05

De.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KALICH Medical Center Corp.
(Name of Corporation)

DOCUMENT NUMBER: P03000047400

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

Please return all correspondence concerning this matter to the following:

Diana Kalich
(Name of Person)

KALICH Medical Center Corp
(Name of Firm/Company)

875 E 10 Avenue
(Address)

Tallahassee, FL 323010
(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Kalich at (305) 887-1006
(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

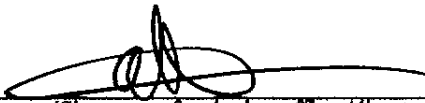
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Alberto Perez, hereby resign as President
(Title)

of Kalich Medical Center Corp.
(Name of Corporation)

P03000047400, 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

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