

PO 3000075424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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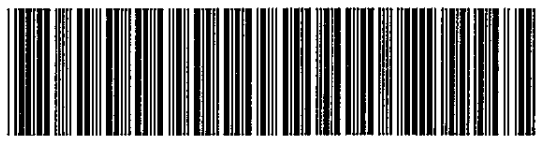
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ABC Medical Center Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** Officer/Director Resignation for Corp.

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

Please return all correspondence concerning this matter to the following:

ABC Medical Center Inc.  
(Name of Person)

ABC Medical Center Inc.  
(Name of Firm/Company)

15158 NE 6 Ave  
(Address)

N. Miami FL 33162  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vladimir Okun at (305) 490-9900  
(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, ANAIT ITCHMELIAN, hereby resign as Vp, Sec, TRS.  
(Title)

of ABC Medical Center Inc  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

ANAIT ITCHMELIAN  
(Signature of resigning officer/director)

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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