

P.03000077755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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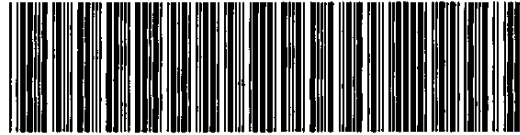
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV 30 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OLGA M. GARCIA M.D., P.A.

(Name of Corporation)

DOCUMENT NUMBER: P03000077755

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

Please return all correspondence concerning this matter to the following:

OLGA M. GARCIA

(Name of Person)

OLGA M. GARCIA M.D., P.A.

(Name of Firm/Company)

7235 CORAL WAY, SUITE 202

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

OLGA M. GARCIA

(Name of Person)

at (305) 266-1160

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

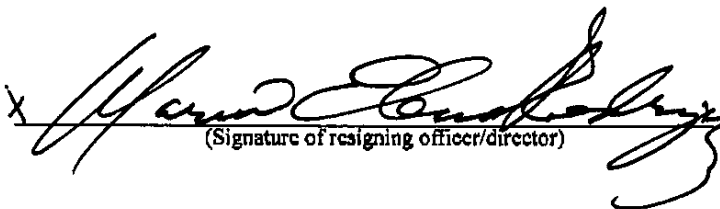
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MARIA E. RODRIGUEZ, hereby resign as VICE PRESIDENT
(Title)

of OLGA M. GARCIA M.D., P.A.
(Name of Corporation)

P03000077755, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X 
(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