

PO3000089791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

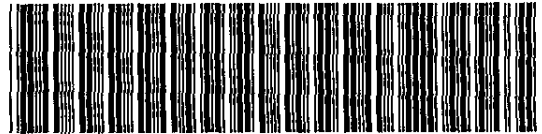
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600068154706

Resignation
to
officer

03/29/06--01031--005 **35.00

RECEIVED
06 MAR 29 PM 12:12
DIVISION OF CORPORATION

FILED
06 MAR 29 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AOR
3/29/06

LAZARUS
CORPORATE FILING SERVICE
3320 SW 87TH AVENUE
MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LAS VILLAS MEDICAL CENTER, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☒ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
06 MAR 29 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Osmany Fiallo, hereby resign as Director
(Title)

of IAS Villas Medical Center, INC.
(Name of Corporation)

03000089791, 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