

PO3000097032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

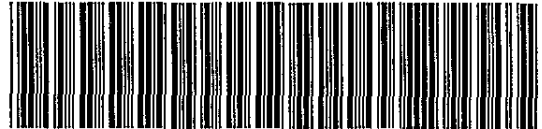
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05 AUG 15 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Handwritten signature/initials

7:30am AUG 17 2005

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EL SANADOR DE LOS ANDES

(Name of Corporation)

**DOCUMENT NUMBER:** P03000097032

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

Please return all correspondence concerning this matter to the following:

SANTOS RIVAS

(Name of Person)

EL SANADOR DE LOS ANDES, INC

(Name of Firm/Company)

4947 HOWARD STREET

(Address)

FORT MYERS FLORIDA 33905

(City/State and Zip Code)

For further information concerning this matter, please call:

SANTOS RIVAS

(Name of Person)

at ( 239 )

(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, NORA ALBINAGORTA, hereby resign as SECRETARY  
(Title)

of EL SANADOR DE LOS ANDES, INC.  
(Name of Corporation)

P03000097032, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

NORA ALBINAGORTA  
(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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