

PA3000/05214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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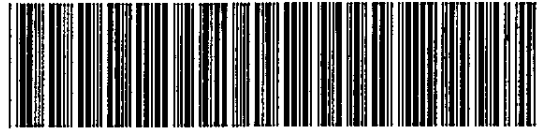
(Business Entity Name)

(Document Number)

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Off Resign

T. Lewis

06/29/04--01067--001 **35.00

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04 JUL 29 11:20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AEL Medical Center, Inc
(Name of Corporation)

DOCUMENT NUMBER: P03000105214

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

Please return all correspondence concerning this matter to the following:

Rene Esteban Garcia
(Name of Person)

AEL Medical Center, Inc
(Name of Firm/Company)

2141 S.W. 1st St. #109
(Address)

Miami, FL 33135
(City/State and Zip Code)

For further information concerning this matter, please call:

Rene Esteban Garcia at (305) 541-7909
(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**

FILED
04 JUN 29 21 11:20
RECEIVED
CORPORATION

I, Laura Mirabal, hereby resign as Vice-President
(Title)

of A.E.H. Medical Center, Inc.
(Name of Corporation)

P03000105214, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

6/22/04

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