

P0300011412S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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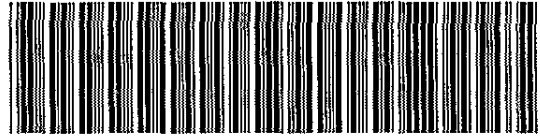
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: D & F MEDICAL CENTER CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P 03000114125

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FIDALGIS FONT
(Name of Person)

D & F MEDICAL CENTER CORPORATION
(Name of Firm/Company)

8574 S.W. 8th Street
(Address)

Miami Florida 33144
(City/State and Zip Code)

For further information concerning this matter, please call:

Raul A Tamayo, MD at (305) 445-9351
(Name of Person) (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**

I, Raul A Tamayo, MD, hereby resign as President & Director
(Title)

of D & F MEDICAL CENTER CORP.
(Name of Corporation)

EO3000114125, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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06 FEB 17 PM 1:10
SECRETARY OF STATE
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