

P030000121129

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(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DIRECTOR RESIGNATION
(Name of Corporation)

DOCUMENT NUMBER: P03000121129

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

Please return all correspondence concerning this matter to the following:

MARIO GALIANO

(Name of Person)

GUADALUPE MEDICAL CENTER

(Name of Firm/Company)

4469 S CONGRESS AVE # 106

(Address)

LAKE WORTH FL 33461

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO GALIANO

(Name of Person)

at (561) 642-0768

(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

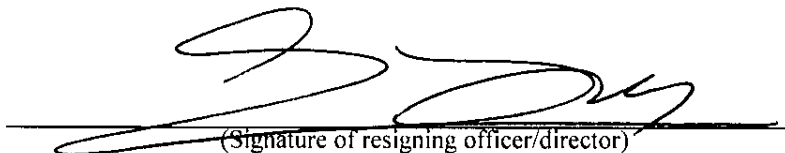
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CASTANEDA, EMILIO MD, hereby resign as DIRECTOR
(Title)

of GUADALUPE MEDICAL CENTER,
(Name of Corporation)

P03000121129, 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

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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