

P03000123399

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Med Solution Clinic Center  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 3000 123 399

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 COLLAZO

(Name of Person)

Med Solution Clinic Center

(Name of Firm/Company)

3750 W 16 Ave # 108

(Address)

Hiawatha Fl 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCOS CASTELLON at (305) 817-3081

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 7, 2004

84

MARIO COLLAZO  
4080 S.W. 88 AVENUE  
MIAMI, FL 33155

SUBJECT: MED SOLUTION CLINIC CENTER, CORP.  
Ref. Number: P03000123399

We have received your document for MED SOLUTION CLINIC CENTER, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 704A00000997

sent  
at Res



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 27, 2004

MARIO COLLAZO  
4080 S.W. 84 AVENUE  
MIAMI, FL 33155

SUBJECT: MED SOLUTION CLINIC CENTER, CORP.  
Ref. Number: P03000123399

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Carol Mustain  
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Letter Number: 704A00000997

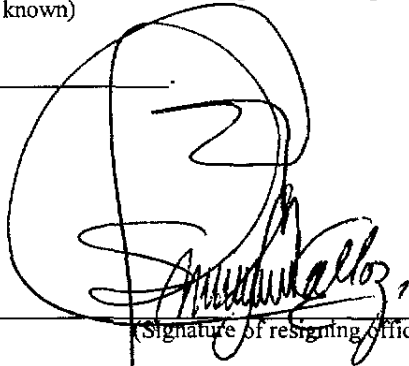
*Keeps  
Sending in RARs*

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARIO COLLAZO, hereby resign as SV  
(Title)

of MedSolution Clinic Center  
(Name of Corporation)

PO 3000123 399 a corporation organized under the laws of the State of  
(Document Number, if known)

  
(Signature of resigning officer/director)

**FILED**  
04 FEB 16 PM 2:36  
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