

P03000142905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

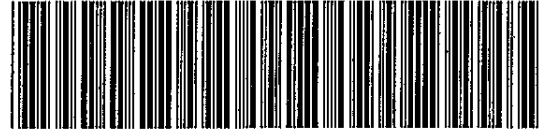
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOOD WILL MEDICAL CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000142905

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

Please return all correspondence concerning this matter to the following:

JOSE A. ACOSTA

(Name of Person)

GOOD WILL MEDICAL CENTER, INC

(Name of Firm/Company)

7392 N W 35 TERR SUITE 210

(Address)

MIAMI FL 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A. ACOSTA

(Name of Person)

at (305) 470-6262

(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

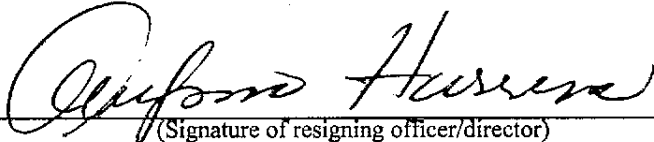
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, AMPARO ADELAIDA HERRERA, hereby resign as VICE-PRESIDENT
(Title)

of GOOD WILL MEDICAL CENTER, INC
(Name of Corporation)

P03000142905, 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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