

P03000142905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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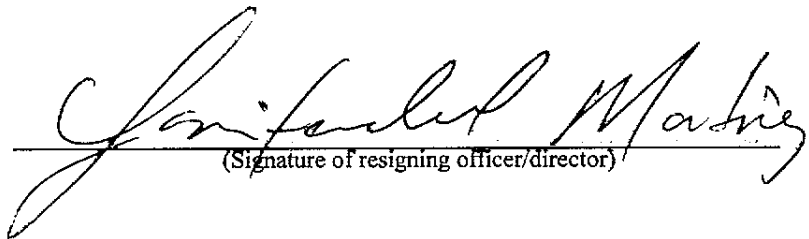
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, YONIXANDED MARTINEZ, hereby resign as 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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