

PD4000036462

(Requestor's Name)

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(Address)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SJT MEDICAL CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: PD4000036462

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

Please return all correspondence concerning this matter to the following:

AIDA CARDENAS
(Name of Person)

(Name of Firm/Company)

17320 NW 63 AVE
(Address)

MIAMI FL 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

AIDA CARDENAS at (786) 586-1022
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, AIDA CARDENAS, hereby resign as SECRETARY-TREASURER /
(Title) Director
of SJT MEDICAL CENTER, INC.
(Name of Corporation)

PD4000036462, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Aida Cardenas
(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