

P04000043113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

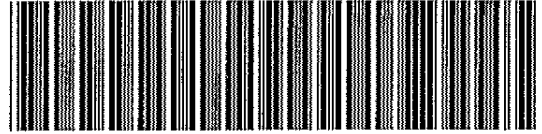
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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✓ O/D Resign.
07/08/05
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW LIFE POLYCLINICS INC.
(Name of Corporation)

DOCUMENT NUMBER: PD4000043113

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

Please return all correspondence concerning this matter to the following:

GERALD AMADO MD
(Name of Person)

N/A
(Name of Firm/Company)

149 EAST 3RD ST. #312
(Address)

HIACLEAH, FL 33010
(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD AMADO at (786) 208-6706
(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**

I, GERALD AMADO MD, hereby resign as President/Director
(Title)

of NEW LIFE POLYCLINICS INC.
(Name of Corporation)

P04000043113, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Amado MD
(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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