

P040000060807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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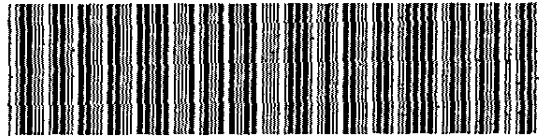
(Business Entity Name)

(Document Number)

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*Resignation of
Officer*

FILED
04 AUG 10 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HN'EM Medical Group, Inc
(Name of Corporation)

DOCUMENT NUMBER: PA 4000060807 -

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

Please return all correspondence concerning this matter to the following:

GRACIELA A. MEDIANESA
(Name of Person)

HN'EM MEDICAL GROUP, INC
(Name of Firm/Company)

129 N.W. 32ND PLACE,
(Address)

MIAMI, FL. 33125
(City/State and Zip Code)

For further information concerning this matter, please call:

GRACIELA A. MEDIANESA at (305) 541-2272
(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

FILED
AUG 10 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Graciela A. Podsiadceja, hereby resign as Vice President
(Title)

of HN'CM Medical Group, Inc.
(Name of Corporation)

04000060807-, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

DATE OF RESIGNATION:

Graciela Mediceja
(Signature of resigning officer/director)

08-04-2004

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