

PD4000112747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900119240099

03/03/08--01051--005 **35.00

FILED

08 MAR -3 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD Res.

3/7

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SONAX Medical center.
(Name of Corporation)

DOCUMENT NUMBER: P04000112747

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

Please return all correspondence concerning this matter to the following:

Danny MARTA.
(Name of Person)

SONAX Medical center.
(Name of Firm/Company)

1892 H Abbey Road.
(Address)

West Palm Beach FLA-33415
(City/State and Zip Code)

For further information concerning this matter, please call:

DANNY MARTA at (561) 201-4043
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

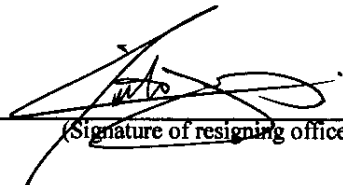
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ARTURO J. GAZO, hereby resign as President
(Title)

of SOMAX Medical center corp.
(Name of Corporation)

P04000112747, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
08 MAR -3 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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