

P04000115143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

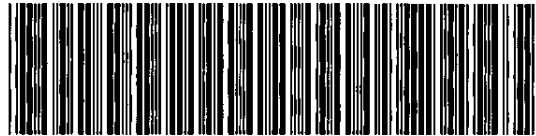
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200072663962

*Resignation
of
officer*

05/15/06--01029--015 **35.00

RECEIVED
06 MAY 15 AM 11:11
TALLAHASSEE, FLORIDA
STATE
OPERATIONS
DIVISION

FILED
06 MAY 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
5/15/06*

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

35 1. TRAUMA MEDICAL AND REHABILITATION
(Corporation Name) (Document #)

2. CENTER OF MIAMI INC.
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

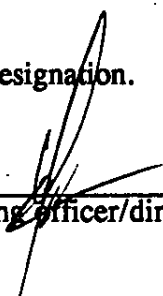
OFFICER / DIRECTOR RESIGNATION

FILED
06 MAY 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jose R Hernandez, hereby resign as Vice President
(Title)
of Trauma-Medical and Rehabilitation Center of Miami Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

FILING FEE IS \$35.00