

PD4000116124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLINICA HISPANA INTERNATIONAL
(Name of Corporation)

DOCUMENT NUMBER: P04000116124

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

Please return all correspondence concerning this matter to the following:

BERTHA L. MARCELLINO
(Name of Person)

CLINICA HISPANA INTERNATIONAL
(Name of Firm/Company)

3850 Lake Worth Rd Suite #2
(Address)

LAKE WORTH, FL 33461
(City/State and Zip Code)

For further information concerning this matter, please call:

BERTHA L. MARCELLINO at (561) 702-2508
(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

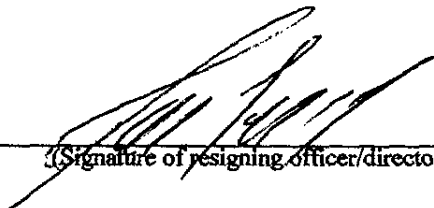
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOSE P HERNANDEZ, hereby resign as VICE PRESIDENT & TREASUR
(Title)

of CLINICA HISPANA INTERNATIONAL, INC.,
(Name of Corporation)

P04000116124, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.

X 
(Signature of resigning officer/director)

FILED
05 OCT 17 PM 10:00
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