

PO50000002915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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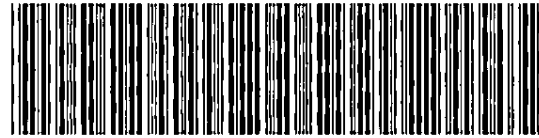
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 1/19 Glinda

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*Corp*  
**LLC** amend

1. **M G Medical Facility Inc.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: M G MEDICAL FACILITY INC.

(Name of Corporation)

DOCUMENT NUMBER: P05000002915

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

Please return all correspondence concerning this matter to the following:

MARIA DE JESUS RODRIGUEZ

(Name of Person)

M G MEDICAL FACILITY INC.

(Name of Firm/Company)

1821 NW 123 AVENUE

(Address)

PEMBROKE PINES, FL 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA DE JESUS RODRIGUEZ

at ( 954 ) 562-9710

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARIO GOVEA, hereby resign as PRESIDENT AND SECRETARY  
(Title)

of M G MEDICAL FACILITY INC.  
(Name of Corporation)

105000002915, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(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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