P05000012612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

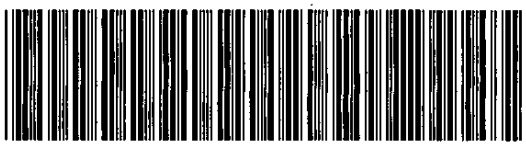
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900076052579

06/12/06--01036--028 **35.00

FILED
06 JUN 12 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-12-06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Castle Medical Center Inc
(Name of Corporation)

DOCUMENT NUMBER: P05000012612

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

Please return all correspondence concerning this matter to the following:

Hector Maceira
(Name of Person)

Castle Medical Center Inc
(Name of Firm/Company)

2742 SW 8 Street Suite 7
(Address)

Miami FL 33135
(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Maceira at (786) 256-6938
(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, Hector Maceira, hereby resign as Director (Title)

of Castle Medical Center, Inc. (Name of Corporation),

P05000012612 (Document Number, if known), a corporation organized under the laws of the State of Florida.

Hector Maceira
(Signature of resigning officer/director)

FILED
06 JUN 12 AM 10:44
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