

P05000041859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

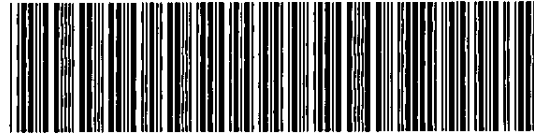
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600207988766

06/02/11--01029--007 **260.00

FILED
11 JUN -2 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Off Register
Teevis
6-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pasteur Medical Center, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000041859

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

Please return all correspondence concerning this matter to the following:

Thomas O. Wells, Esq.

(Name of Person)

Thomas O. Wells, P.A.

(Name of Firm/Company)

540 Biltmore Way

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas O. Wells

(Name of Person)

at (305) 444-0016

(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**

FILED

11 JUN -2 PM 3:28

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

I, Manuel Enriquez, hereby resign as VP, effective as of 5/23/11
(Title)

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

P05000041859, 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