

P05000083897

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DIVISION OF CORPORATIONS
11 JUL 18 PM 3:43

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10 7/18/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HDD MEDICAL CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: POS 000083897

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Diaz
(Name of Person)

HDD MEDICAL CENTER INC
(Name of Firm/Company)

6905-07 NW 77 AVE
(Address)

Miami FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Diaz at (305) 884-1919 .
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2011

JORGE DIAZ
M.D.D. MEDICAL CENTER, INC.
6905-07 NW 77 AVE
MIAMI, FL 33166

SUBJECT: M.D.D. MEDICAL CENTER, INC.
Ref. Number: P05000083897

We have received your document for M.D.D. MEDICAL CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 511A00016180

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

Carlos Perez Dopico

(Name of Registered Agent)

hereby resigns as Registered Agent for

UDD Medical Center LLC

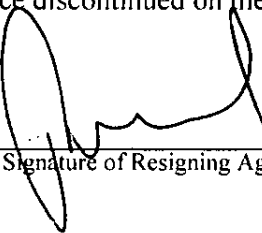
(Name of Corporation)

POS000083897

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Carlos Perez Dopico

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

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