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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SENPRI Medical Center, Inc. (Name of Corporation)
DOCUMENT NUMBER: P 050009554 6
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis 5. Miranda-Genaro, MD (Name of Person)
Mirayera & Associates, Inc. (Name of Firm/Company)
3105 Magdalene Forest Ct. (Address)
Tampa FL 33618-2509 (City/State and Zip Code)
For further information concerning this matter, please call:
Luis S. Miranda, MD at (813) 960-2271 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Luis S. Miranda-	Genaro M.Phereby resign as officer
	(Title)
s Cruone Mone	
f SENPRI MEDI:	CAL CENTER INC. ame of Corporation)
·	• ,
05000095546	, a corporation organized under the laws of the State of
(Document Number, if known)	
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