

PO60000036436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

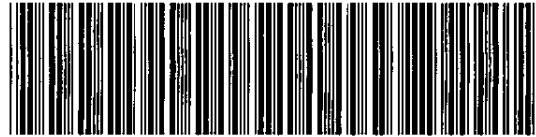
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 28 PM 4:00

T Roberts SEP 29 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ULTRA MEDICAL CENTER, CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000036436

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

NEYDA DEL CASTILLO

(Name of Person)

ULTRA MEDICAL CENTER, CORP.

(Name of Firm/Company)

711 NW 23 AVE # 304

(Address)

MIAMI, FL. 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

NEYDA DEL CASTILLO at ( 305 ) 644-7407  
(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

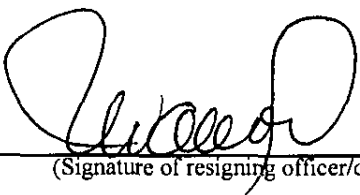
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 28 PM 4:00

I, MARIA DEL C. VALDES, hereby resign as PRESIDENT  
(Title)

of ULTRA MEDICAL CENTER CORP.  
(Name of Corporation)

P06000036436, 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