

PO6000042594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

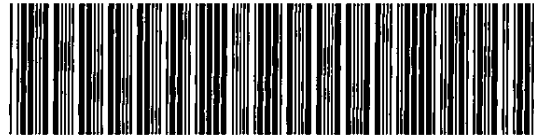
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 13 AM 11:53

B. McKnight JUL 19 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FL MEDICAL CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000042594

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

Please return all correspondence concerning this matter to the following:

CECILIA GOMEZ
(Name of Person)

(Name of Firm/Company)

14829 SW 80TH ST APT # 202
(Address)

MIAMI, FL 33193
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTORIA GOMEZ at (786) 294-4812
(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, CECILIA GOMEZ, hereby resign as VICE-PRESIDENT
(Title)

of FK MEDICAL CENTER, INC.
(Name of Corporation)

P06000042594, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Cecilia Gomez, MD
(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

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