

PD6000096660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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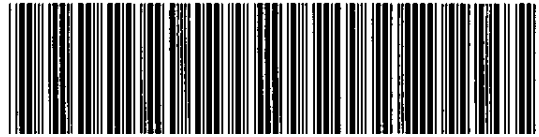
(Business Entity Name)

(Document Number)

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Dr. Liu

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 30 PM 1:59

MAILED MAY 06 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL CERTIFICATION INC.

(Name of Corporation)

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

JUAN ARIAS

(Name of Person)

(Name of Firm/Company)

8878 NW 180 TERR

(Address)

MIAMI, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN ARIAS

at (305) 9041299
(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:

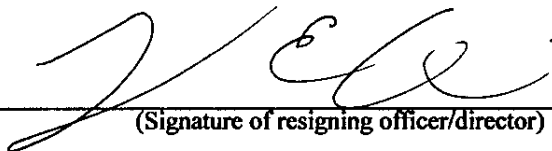
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JUAN ARIAS, hereby resign as OWNER
(Title)

of MEDICAL CERTIFICATION INC.
(Name of Corporation)

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


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 30 PM 1:59

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