

PD6000/02308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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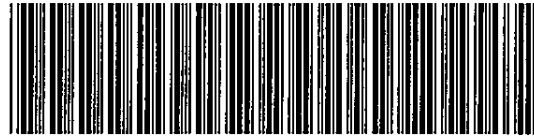
(Business Entity Name)

(Document Number)

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FILED
2007 JAN 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IRH MEDICAL OFFICE CORP
(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:

CHRISTINA RODRIGUEZ

(Name of Person)

IRH MEDICAL OFFICE CORP

(Name of Firm/Company)

42 NW 27 AVE SUITE 406

(Address)

MIAMI, FLORIDA 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINA

(Name of Person)

at (786) 295-3167

(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
2007 JAN 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ISABEL MEDINA, hereby resign as VICE PRESIDENT
(Title)

of I.B.H. MEDICAL OFFICE, CORP.
(Name of Corporation)

PO6 000102308, 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