

PO6000102689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

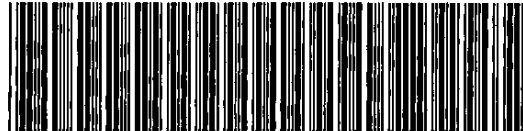
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600081896196

11/21/06--01014--001 **35.00

FILED
06 NOV 21 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dayanne Medical Center Inc
(Name of Corporation)

DOCUMENT NUMBER: P06000102689

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

Please return all correspondence concerning this matter to the following:

Daris Hernandez

(Name of Person)

Dayanne Medical Center Inc.

(Name of Firm/Company)

5755 W. Flagler St. Suite 207 Miami, Fl. 33144

(Address)

Miami, Fl. 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Daris Hernandez

(Name of Person)

at (305) 854-0711

(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

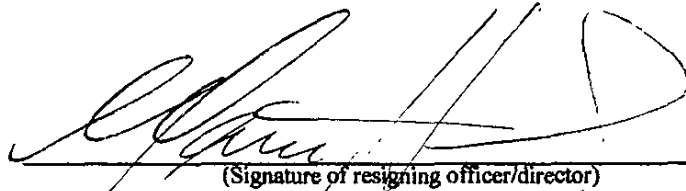
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Maria Hernandez, hereby resign as Secretary
(Title)

of Dayanne medical center Inc.
(Name of Corporation)

P06000102689, 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

FILED
06 NOV 21 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA