P06000127224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Resignation of officer

04/03/12--01006--009 **35.00

FILED
2012 APR -3 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/3/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: United Ac Medical Center Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000127224

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

Please return all correspondence concerning this matter to the following:

Frank DiBlase
(Name of Person)

(Name of Firm/Company)

1228 N Victoria Park Road
(Address)

Fort Lauderdale, FL 33304
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank DiBlase at (954) 696-8141
(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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Frank DiBlase, hereby resign as DPST (Title)

of United AC Medical Center Inc. (Name of Corporation),

P06000127224 (Document Number, if known), a corporation organized under the laws of the State of Florida.

Frank DiBlase
(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