

PO6000134106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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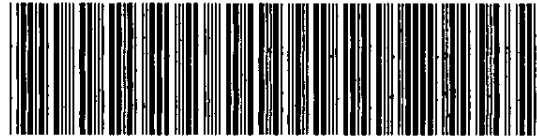
(Business Entity Name)

(Document Number)

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2008 JUL 21 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Off + Resign  
Theris  
7-24-08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NUREN MEDICAL CENTER, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000134106

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

Please return all correspondence concerning this matter to the following:

GUSTAVO PILOTO

(Name of Person)

NUREN MEDICAL CENTER, INC.

(Name of Firm/Company)

644 NW 183 ST SUITE # 3

(Address)

MIAMI, FL 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIBEL CASTILLO

(Name of Person)

at ( 786 ) 295-9586

(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**

**2008 JUL 21 AM 9:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, GUSTAVO PILOTO, hereby resign as Director Vice-President  
(Title)

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

P06000134106, a corporation organized under the laws of the State of  
(Document Number, if known)

\_\_\_\_\_



\_\_\_\_\_  
(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