

P06000142740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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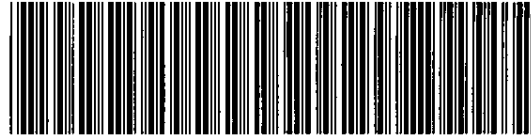
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB 1-12-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNITED HEALTH MEDICAL GROUP, INC.
(Name of Corporation)

DOCUMENT NUMBER: #P06000142740

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

Please return all correspondence concerning this matter to the following:

DR. EDUARDO RAMIREZ

(Name of Person)

(Name of Firm/Company)

7105 S.W. 8th Street, Suite 303

(Address)

Miami, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Eduardo Ramirez

(Name of Person)

at (305) 262 1035

(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
2011 JAN 10 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Dr. Eduardo Ramirez, hereby resign as President and Director
(Title)

of UNITED HEALTH MEDICAL GROUP, INC.
(Name of Corporation)

#P06000142740, a corporation organized under the laws of the State of
(Document Number, if known)
Florida



(Signature of resigning officer/director)
Dr. Eduardo Ramirez

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