

PO700000 2421

(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



700296024747 /

03/16/17--01010--002 **35.00

S. TALLENT

MAR 21 2017

010-Resign

FILED
17 MAR 16 PM 12:41
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Farmers Medical Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P07000002421

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

Please return all correspondence concerning this matter to the following:

Rafael Fabian, Esq.

(Name of Person)

Rafael Fabian, P.A.

(Name of Firm/Company)

10631 N Kendall Drive, Ste 145

(Address)

Miami, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Rafael Fabian

(Name of Person)

at (305) 856-6700

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Yusimi Rivero, hereby resign as PVD
(Title)

of Farmers Medical Center, Inc.
(Name of Corporation)

P07000002421, 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

RECEIVED
MAR 16 2011
TALLAHASSEE, FLORIDA

17 MAR 16 PM 12:41

FILED