

PO7000009447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

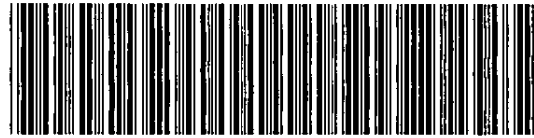
(Business Entity Name)

(Document Number)

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*Mr / Sir Resp*

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts OCT 02 2008

## COVER LETTER

TO: Amendment Section  
Division of Corporations

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

DOCUMENT NUMBER: P07000009447

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

Please return all correspondence concerning this matter to the following:

Jose Puche  
(Name of Person)

Jae Medical Center, Inc.  
(Name of Firm/Company)

8660 W. Flagler St #120  
(Address)

Miami, FL 33144  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Puche at (305) 551 2215  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

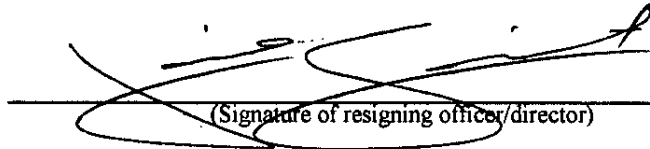
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SEP 25 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Jaime A. Sarmiento, hereby resign as President / Director  
(Title)

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

P07000009447 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