P07000009447

(Requestor's Name)		
(Address)		
(4.4)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		
	٠	





900136845369

10/13/08--01032--017 **35.00

M/Ri Resign

ns nct 13 AMII: 46

FILED SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

	endment Section 'ssion of Corporations
SUBJECT:	JAE Medical Center, Inc.
	(Name of Corporation)
DOCUME	NT NUMBER: P07000009447
The enclose	d Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return	n all correspondence concerning this matter to the following:
Elvis Cho	rens
	(Name of Person)
N/A	
	(Name of Firm/Company)
229 West	
	(Address)
Hialeah, F	⁻ L 33010
	(City/State and Zip Code)
For further i	nformation concerning this matter, please call:
Elvis Chor	ar ()
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is	a check for \$35.00 made payable to the Florida Department of State.
Street Adda Amendment Division of Clifton Build 2661 Execut Tallahassee,	Section Amendment Section Corporations Division of Corporations ding Post Office Box 6327 ive Center Circle Tallahassee, FL 32314

I. Elvis Chorens	, hereby resign as Vice President
7	(Title)
of JAE Medical Center, Inc.	
	Corporation)
P0700009447 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	
	ature 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