

PO7000078645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

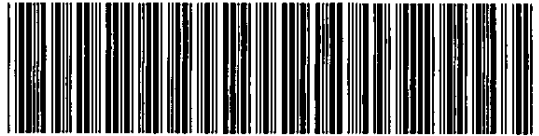
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10/23/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH DADE MEDICAL BILLING, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000078645

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

Please return all correspondence concerning this matter to the following:

JORGE F BARRANTES

(Name of Person)

AZOY TAX OF HOMESTEAD

(Name of Firm/Company)

30420 S. DIXIE HWY.

(Address)

HOMESTEAD, FL 33030

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE F. BARRANTES

(Name of Person)

at (305) 242-2232

(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

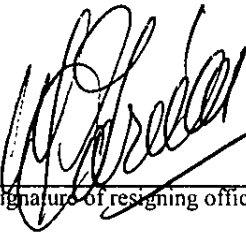
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIBEL NAVARRO GARCIA, hereby resign as VP
(Title)

of SOUTH DADE MEDICAL BILLING, INC
(Name of Corporation)

P07000078645, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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TALLAHASSEE FLORIDA

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