

PO700009 9/65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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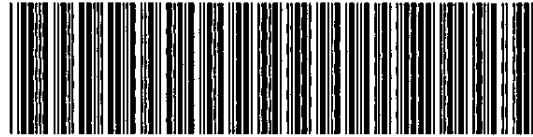
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 20 2012

T. ROBERTS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HEALTH MAX MEDICAL CENTER INC

(Name of Corporation)

DOCUMENT NUMBER: P07000099165

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

Please return all correspondence concerning this matter to the following:

ALEXIS A GONZALEZ

(Name of Person)

HEALTH MAX MEDICAL CENTER INC

(Name of Firm/Company)

900 W 49 ST., SUITE 438

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXIS A GONALEZ at **(305) 726-1866**

(Name of Person)

(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
409 E. Gaines Street
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ERICK A. PEREZ, hereby resign as PRESIDENT AND REGISTERED AGENT
(Title)

of HEALTH MAX MEDICAL CENTER INC
(Name of Corporation)

P07000099165, 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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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