

PD7000110154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

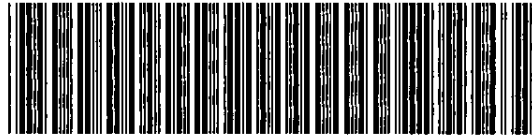
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500240792665

10/18/12--01011--003 **35.00

12 OCT 18 PM 12:36

RECEIVED
DIVISION OF CLERK & CO.

DD/RES
@ 10/18/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTINEL MEDICAL CENTER INC
(Name of Corporation)

DOCUMENT NUMBER: P07000110154

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

Please return all correspondence concerning this matter to the following:

HEIDI MENDOZA

(Name of Person)

CENTINEL MEDICAL CENTER INC

(Name of Firm/Company)

8001 W 26 AVE SUITE 2

(Address)

HIALEAH, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

HEIDI MENDOZA

(Name of Person)

at (305) 987-6212

(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, HEIDI MENDOZA, hereby resign as PRESIDENT
(Title)

of CENTINEL MEDICAL CENTER INC,
(Name of Corporation)

P07000110154, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Heidi Mendoza
(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

12 OCT 18 PM 12:36
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA