

P080000033687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

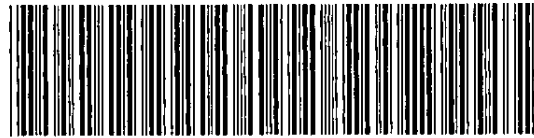
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200185368372

*Resignation of officer*

09/28/10--01003--021 \*\*35.00

RECEIVED  
10 SEP 28 AM 10:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2010 SEP 28 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*9/28/10*

**ECTS**

**EXPRESS CORPORATE FILING SERVICE, INC**  
**1000 PONCE DE LEON BLVD., STE: 101**  
**CORAL GABLES, FL 33134**  
**PH: (305)444-4994 FAX: (305)444-4977**

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. STIRLING MEDICAL CENTER, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #) PO8000033687

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

☐ Walk in

☒ Pick-up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Amendment                              |
| <input checked="" type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/>            | Change of Registered Agent             |
| <input type="checkbox"/>            | Dissolution/Withdrawal                 |
| <input type="checkbox"/>            | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

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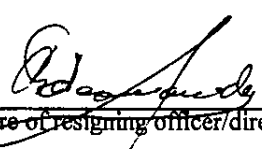
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JUAN J. HERNANDEZ, hereby resign as TREASURER  
(Title)

of STIRLING MEDICAL CENTER, INC.  
(Name of Corporation)

P08000033687, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**Make checks payable to Florida Department of State and mail to:**

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