

PD8000043713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

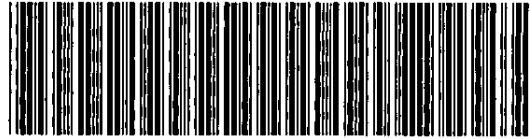
(Business Entity Name)

(Document Number)

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16 JUN 30 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

old Resignation

JUL 06 2016

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vital Care Medical Center, INC
(Name of Corporation)

DOCUMENT NUMBER: PO8000045713

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

Please return all correspondence concerning this matter to the following:

Adam Berry, MD
(Name of Person)

Vital Care Medical Center, INC
(Name of Firm/Company)

2188 Jog Rd.
(Address)

Greenacres, FL 33415
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Berry at (561) 425 8265
(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
2661 Executive Center Circle
Tallahassee, FL 32301

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16 JUN 30 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Giovanna Gonzalez, hereby resign as President
(Title)

of Vital Care Medical Center, INC
(Name of Corporation)

PD8000045713, 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

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TALLAHASSEE, FLORIDA