P0800017082

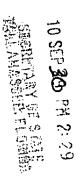
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TO: A	Amendment Section Division of Corporations	
SUBJEC	CT: COMMUNITY CLINICAL	CENTER, INC.
		(Name of Corporation)
DOCUM	MENT NUMBER: P080000	77082
The encl	closed Officer/Director Resignation	on for a Corporation and fee are submitted for filing
Please re	eturn all correspondence concern	ning this matter to the following:
HECTO	OR HERNANDEZ JR.	
	(Name of Person)	
COMM	MUNITY CLINICAL CENTER,	INC.
	(Name of Firm/Compan	у)
1490 W	W 49TH PLACE SUITE 398	
	(Address)	
HIALEA	EAH, FLORIDA 33012	
	(City/State and Zip Cod	<u>e)</u>
For furth	her information concerning this n	natter, please call:
HECTO	OR HERNANDEZ JR.	at (786) 287-5323 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed	d is a check for \$35.00 made pay	able to the Florida Department of State.
Division o Clifton B 2661 Exe	ment Section Am n of Corporations Div Building Pos	iling Address: nendment Section rision of Corporations at Office Box 6327 lahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, HUGO H. HERNANDEZ	, hereby resign as_VP		
	((Title)	_
of_ COMMUNITY CLINICAL CE			
(Na	me of Corporation)	,	
P08000077082 (Document Number, if known)	, a corporation organized under the laws of the	he State of	
FLORIDA			
ر ایم	\mathcal{A} \mathcal{A}		- - μ
Du	(Signature of resigning officer/director)	10 SEP 305 PM -SECRIFIARY GR	APPROVIDE
		F. S. S.	

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

FILING FEE IS \$35.00

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