

PO8000077082

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(Address)

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09/30/10
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY CLINICAL CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000077082

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

Please return all correspondence concerning this matter to the following:

HECTOR HERNANDEZ JR.

(Name of Person)

COMMUNITY CLINICAL CENTER, INC.

(Name of Firm/Company)

1490 W 49TH PLACE SUITE 398

(Address)

HIALEAH, FLORIDA 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

HECTOR HERNANDEZ JR.

(Name of Person)

at (786) 287-5323

(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, HUGO H. HERNANDEZ, hereby resign as VP
(Title)

of COMMUNITY CLINICAL CENTER, INC
(Name of Corporation)

P08000077082, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Hugo H. Hernandez
(Signature of resigning officer/director)

10 SEP 30 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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