

P09000026934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

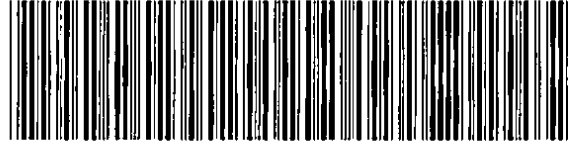
(Business Entity Name)

(Document Number)

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09/05/23--01020--023 **35.00

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SEP -5 2023

R. HUNT

09/05/23

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOSMED INC
(Name of Corporation)

DOCUMENT NUMBER: P09000026934

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

Please return all correspondence concerning this matter to the following:

INGRID MARY GUERRERO RAPP

(Name of Person)

HOSMED INC

(Name of Firm/Company)

3403 NW 82TH AVENUE, SUITE 102

(Address)

DORAL, FL 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

SEGUNDO S JIMENEZ at 786 266-7795
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

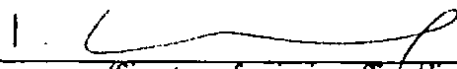
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, INGRID MARY GUERRERO RAPP, hereby resign as CFO
(Title)

of HOSMED INC
(Name of Corporation)

P09000026934, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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Division of Corporations
State of Florida

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