

PO9000032673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

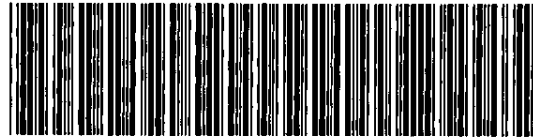
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

o/o Resign.

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Holter Clinical Outsourcing  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000032673

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

Please return all correspondence concerning this matter to the following:

Hugo Lopez

(Name of Person)

Holter Clinical outsourcing

(Name of Firm/Company)

2444 Polk St. 210

(Address)

Hollywood Fl. 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

Hugo Lopez at ( 786 ) 2626202  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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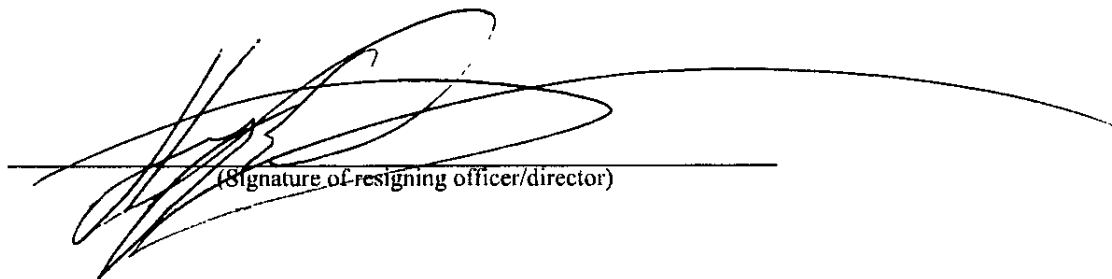
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Hugo Lopez, hereby resign as vice president  
(Title)

of Holter Clinical Outsourcing  
(Name of Corporation)

09000023673, 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

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA