

P09000045164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

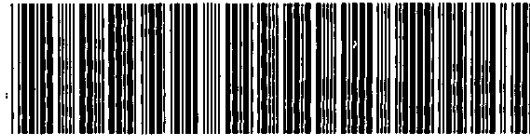
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WEST PALM MEDICAL CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: P09000045164

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

Please return all correspondence concerning this matter to the following:

Albert E Roberto Jr., Esq
(Name of Person)

(Name of Firm/Company)

4419 River Close Blvd

(Address)

Valrico, FL 33596

(City/State and Zip Code)

For further information concerning this matter, please call:

Albert Roberto at (813) 728-1812
(Name of Person) (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

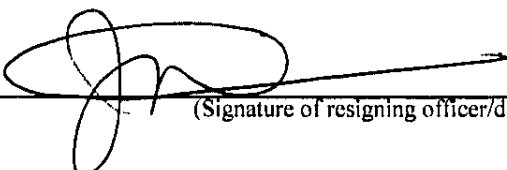
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOHN MALDONADO, hereby resign as SECRETARY
(Title)

of WEST PALM MEDICALCENTER, INC.
(Name of Corporation)

P09000045164, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE 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