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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: G&G Medical Center and Rehabilitation Corp.
(Name of Corporation)

DOCUMENT NUMBER: <u>80900076080</u>

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

Please return all correspondence concerning this matter to the following:

Maria C Fernandez M.D.
(Name of Person)

G+G Medical Center and Rehabilitation COIP.
(Name of Firm/Company)

2140 west Flagler Street Suite 210
(Address)

M:am: F1 33135 (City/State and Zip Code)

For further information concerning this matter, please call:

Maria C Fernandez at (786) 315 6153
(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

1, Mariac Fernar	hereby resign as_	(Title)
of 6 4 G Medica	1 Center and Rei	habilitation Coga
P0900007606C (Document Number, if known)	, a corporation organized und	er the laws of the State of
Florida	,	opek
	(Signature of resigning officer/directo	O JUN-2 AM II: 05

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