

P09000086013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

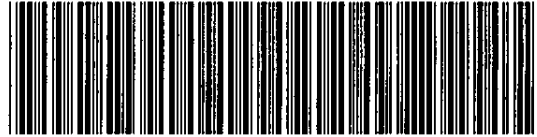
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*C. Coulliette*

C.COULLIETTE

NOV 25 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** B O F Medical Center  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000086013

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

Please return all correspondence concerning this matter to the following:

Onidia Raya

(Name of Person)

B O F Medical Center

(Name of Firm/Company)

12440 Biscayne Blvd

(Address)

North Miami, Florida 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

Doris Fernandez

(Name of Person)

at ( 305 ) 885-1061

(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, Juan Hernandez, hereby resign as Treasurer  
(Title)

of BOF Medical Center  
(Name of Corporation)

P09000086013, 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

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