

PD9000096798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

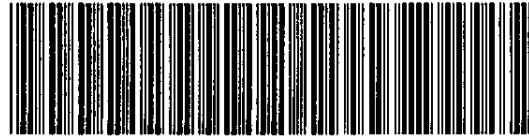
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000211093010

09/06/11--01048--003 **35.00

01/26/12

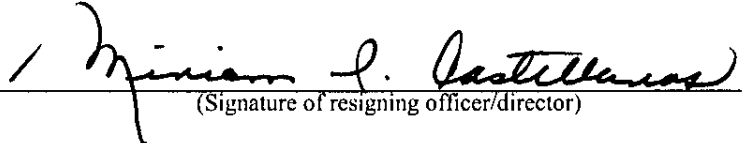
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MIRIAM I CASTELLANOS, hereby resign as PRESIDENT
(Title)

of PROFESSIONAL TREATMENT MEDICAL CENTER, INC.
(Name of Corporation)

P09000096798, 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