

P100000011372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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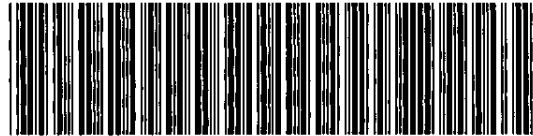
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 16 AM 8:48

OCT 18 2012  
T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FELICIDAD MEDICAL CENTER INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000011372

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

Please return all correspondence concerning this matter to the following:

FRANCISCO O. SOLER

(Name of Person)

FELICIDAD MEDICAL CENTER INC

(Name of Firm/Company)

4410 W 16 AVE STE 55

(Address)

HIALEAH FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO O. SOLER

(Name of Person)

at ( 305 ) 824-8559

(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT 16 AM 8:48

I, JORGE L. ARMENTEROS, hereby resign as VICE-PRESIDENT  
(Title)

of FELICIDAD MEDICAL CENTER INC.  
(Name of Corporation)

P10000011372, 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