## P10000010089

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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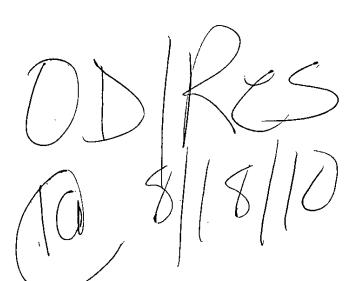
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08/17/10--01024--002 \*\*35.00





## **COVER LETTER**

Division of Corporations HealthOne Medical Center, Inc (Name of Corporation) P10000017089 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Elby Montoro, CPC (Name of Person) Just In Time Medical Billing, Inc. (Name of Firm/Company) 3233 SW 150 Court (Address) Miami, FL 33185 (City/State and Zip Code) For further information concerning this matter, please call: Elby Montoro at ( 305 ) 552-9102 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section
Division of Corporations Amendment Section Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section

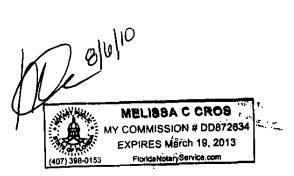
## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Abdon S. Borges, ゴバ	, hereby resign as President	
'\	(Title)	
of HealthOne Medical Center, Inc	c	
	of Corporation)	
P10000017089	a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida	·	
	$\mathcal{A}$	
	State of the state	

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



MELAHASSEE FLORIBA