P10000034774

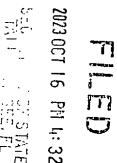
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Consideration to 5 True Officer			
Special Instructions to Filing Officer:			

Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Davila Medical Center, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>\$\0000034774</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:
JUSE Davice (Name of Person)
Davila Medical Center, Inc. (Name of Firm/Company)
13270 SW 8 St. (Address)
Miami FZ 33184 (City/State and Zip Code)
For further information concerning this matter, please call:
Milardys Pedraja at (786) 797-1280 (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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Milardys fec	hereby resign as C	Ficer / Director
		(Title)
or Dance Mean	Cal Center, Inc.	
(Document Number, if known)	, a corporation organized under	the laws of the State of
Florida		
	 ·	20
		7023 OCT S=1/4 11
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	(Signature of resigning officer/director)	
	1, 2, 3	PH 1: 33

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