

P 100000091527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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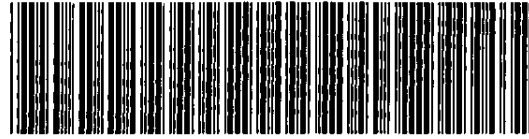
(Business Entity Name)

(Document Number)

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C. Coulliette

C.COULLIETTE

SEP 13 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villalba Medical Center, Corp
(Name of Corporation)

DOCUMENT NUMBER: P10000091527

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

Please return all correspondence concerning this matter to the following:

Jorge L Mederos

(Name of Person)

Villalba Medical Center, Corp

(Name of Firm/Company)

4848 NW 116 Court

(Address)

Doral, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge L Mederos

(Name of Person)

at (786) 554-0334

(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

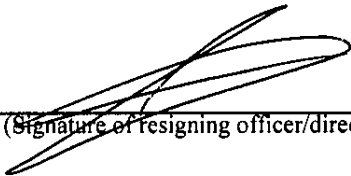
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jorge L Mederos, hereby resign as President
(Title)

of Villalba Medical Center, Corp
(Name of Corporation)

P10000091527, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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11 SEP 12 AM 10:33

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