

Handwritten signature: *W. H. Smith*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISB MEDICAL CENTER, INC
(Name of Corporation)

DOCUMENT NUMBER: P11000015002

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

ARLES PERDOMO, M.D.

(Name of Person)

(Name of Firm/Company)

15292 SW 104 STREET # 115

(Address)

MIAMI, FLORIDA 33196

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. PERDOMO, ARLES at (786) 367-5855
(Name of Person) (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

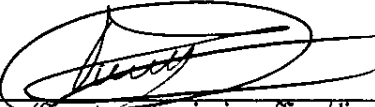
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ARLES PERDOMO M.D., hereby resign as PRESIDENT
(Title)

of ISB MEDICAL CENTER, INC
(Name of Corporation)

P11000015002, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
2012 MAY -8 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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