P11000088365

(Red	questor's Name)			
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hope Redical Research Inc. (Name of Corporation)
DOCUMENT NUMBER: P110000 88 365
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Felicita Peguero (Name of Person)
Hope Medical Research (Name of Firm/Company)
403 W. Oak St (Address)
Kissimmee F1 34741 (City/State and Zip Code)
For further information concerning this matter, please call:
felicita leguero at (407) 501-0321 (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Felici	ta	Pequero	, hereby resign as Treasurer
		0	(Title)
of Har	e K	ledical	Research, INC
		(Name of Corp.	poration)
P110000 (Documen	88365 nt Number, if	, a co	orporation organized under the laws of the State of
Floria	Ja	·	

(Signatule 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