P12000091873	
(Requestor's Name) (Address) (Address)	300286436143
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	06/15/1601015011 **35.00
Certified Copies Certificates of Status	2016 JUN I 5 PM 4: 35
Office Use Only	JUN 2 1 2016 C LEWIS
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TO: Amendment Section Division of Corporations

## SUBJECT: APGAR MEDICAL CENTER INC.

(Name of Corporation)

## DOCUMENT NUMBER: p12000091873

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

# ARTURO YERO P.A.

(Name of Firm/Company)

### 782 NW 42ND AVE SUITE 350

(Address)

## **MIAMI FLORIDA 33126**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ARTURO YERO** 

(Name of Person)

#### at (305) 444 0884 (Area Code & Daytime Telephone Number)

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

Mailing Address:

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

#### Street Address:

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

<sup>م</sup> م م	, OFFICER / DIRECTOR RESIGNATION SIDN OF CORPORATION FOR A CORPORATION 2016 JUN 15 PM 4:35
	I, YOEL HERNANDEZ, hereby resign as VICE PRESIDENT
	of APGAR MEDICAL CENTER INC.
	(Name of Corporation) P12000091873 (Document Number, if known), a corporation organized under the laws of the State of
	FLORIDA
	May
	(Signature of resigning officer/director)

e.

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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