

PI2000099980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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700250171567

*Resignation  
to Officer*

700250171567  
08/12/13--01033--019 \*\*35.00

FILED  
2013 AUG 12 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*

*8/15/13*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALA Medical Solutions  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000099980

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

Please return all correspondence concerning this matter to the following:

Alejandro Alvarez  
(Name of Person)

ALA Medical Solutions  
(Name of Firm/Company)

~~423 Coral Way Suite #3~~ 423 Coral Way Suite #3  
(Address)

Coral Gables, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

AL Lopez at ( 786 ) 255-3360  
(Name of Person) (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

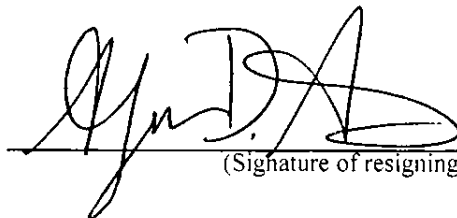
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

I, Alejandro Alvarez, hereby resign as Vice President  
of A. L. A Medical Solutions, Inc.  
(Name of Corporation)  
P12000099980, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
(Signature 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