

1/13/2015 FRI 12:59 PM

001/003

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : PADRON AND ASSOCIATES INC.
Account Number : I20060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

R. White

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CORAL RESEARCH CLINIC, CORP.

Certificate of Status	0
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORAL RESEARCH CLINIC, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P13000001550

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

Please return all correspondence concerning this matter to the following:

RALPH PADRON

(Name of Person)

PADRON & ASSOCIATES, INC.

(Name of Firm/Company)

2095 W 76TH STREET

(Address)

HIALEAH, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

RALPH PADRON

(Name of Person)

at **(305) 818-0404**

(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**

I, SUIVEN NUNEZ, hereby resign as VICE PRESIDENT
(Title)

of CORAL RESEARCH CLINIC, CORP.
(Name of Corporation)

P13000001550, a corporation organized under the laws of the State of
(Document Number, if known)
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

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TALLAHASSEE, FLORIDA

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