

P130000 72257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

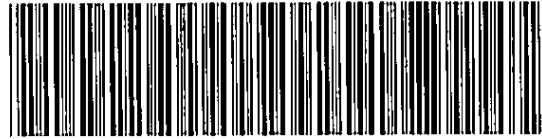
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JUL 11 2019

C Kinsey

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** National Medical Institute  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000072257

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

Please return all correspondence concerning this matter to the following:

Alexis Lopez Ledon  
(Name of Person)

National Medical Institute  
(Name of Firm/Company)

4160 W. 16 Ave #210  
(Address)

Hialeah FL 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yanepsy Santos at (305) 896-4257  
(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

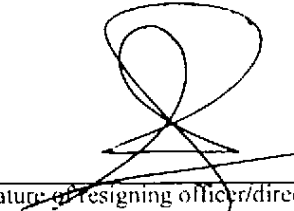
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Alexis Lopez Lodon, hereby resign as Vice-President  
(Title)

of National Medical Institute  
(Name of Corporation)

P13000072257, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of Resigning officer/director)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FL

**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