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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Orlando Medical & Wellness, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P13000099991

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

Please return all correspondence concerning this matter to the following:

Cesar O. Irizarry  
(Name of Person)

c/o Litigation Support Services, LLC  
(Name of Firm/Company)

1060 Woodcock Rd.  
(Address)

Orlando, FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis A. Velez at ( 407 ) 508-1235  
(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

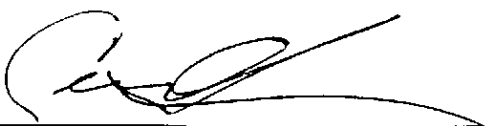
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Cesar O. Irizarry, hereby resign as President  
(Title)

of Orlando Medical & Wellness, Inc.  
(Name of Corporation)

P13000099991, 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