

P14000011239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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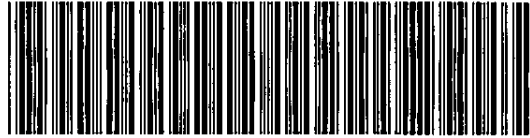
(Business Entity Name)

(Document Number)

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OCT 05 2016
T. LEMMON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAPHEA PATIENT DEPOSIT CORP.
(Name of Corporation)

DOCUMENT NUMBER: P14000011239

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

Please return all correspondence concerning this matter to the following:

SERGIO BROK

(Name of Person)

(Name of Firm/Company)

4151 NW 2nd AVE

(Address)

MIAMI, FL 33127

(City/State and Zip Code)

For further information concerning this matter, please call:

SERGIO BROK at **305 613 9470**
(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, SERGIO BROK, hereby resign as SECRETARY
(Title)

of BAPHEA PATIENT DEPOSIT CORP.
(Name of Corporation)

P14000011239, 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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STATE OF FLORIDA
TALLAHASSEE

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