

P140000 60232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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old Resignation

2013

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: IDEAL MEDICAL CENTER OF TAMPA INC  
(Name of Corporation)

DOCUMENT NUMBER: P14000060232

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

Please return all correspondence concerning this matter to the following:

DENCY RIVAS

(Name of Person)

CAUSEWAY MEDICAL CLINIC

(Name of Firm/Company)

7108 CAUSEWAY BLVD

(Address)

TAMPA, FL 33619

(City/State and Zip Code)

For further information concerning this matter, please call:

TOM SMITH

(Name of Person)

at ( 727 ) 271-3258

(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

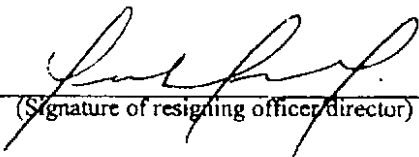
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, YAMILE PUPO, hereby resign as VP  
(Title)

of IDEAL MEDICAL CENTER OF TAMPA INC  
(Name of Corporation)

P14000060232, 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

19 OCT 15 AM 8:49

OFFICE OF  
CORPORATIONS