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OFFICER / DIRECTOR RESIGNATION 18000282935

I JUAN JESUS S.	ALINA hereby resign as	PTSD		- -
of TROPICAL	MEDICAL CENTER (Name of Corporation)	INC		,
P15000051057 (Document Number, if known) Florida	, a corporation organized under	the laws of the	State of	
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	(Signature of resigning officer/director)		16 MHH: 30	
	V		: 30	

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
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