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DIVISION OF CHAPTER AT 1.7

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	·
SUBJECT: Life Med Center Assoc. Corp	
30 <i>b</i> 0 <i>b</i> 0 <i>c</i> 1.	(Name of Corporation)
DOCUMENT NUMBER: P15000077831	
The enclosed Officer/Director Resignation f	or a Corporation and fee are submitted for filing
Please return all correspondence concerning	this matter to the following:
Giselle Ibanez Martinez	
(Name of Person)	
Life Med Center Assoc. Corp	
(Name of Firm/Company)	
434 SW 12 AVE SUITE 300	
(Address)	
Miami, FL 33130	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Beatriz Zucco	at ( 305 731-4948 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	le to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Iliandy Ferrer Padilla I,	VP (Vice-President) , hereby resign as	
	(Title)	
Life Med Center Assoc. Corp		
(Na	ame of Corporation)	
P15000077831	, a corporation organized under the laws of the State of	
(Document Number, if known)	· · ·	
Florida		
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	(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