

P 16 0000 75031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 MAY 20 PM 3:02
CLERK OF COURT

C. GOLDEN

JUN - 5 2019

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUX MEDICAL HEALTH CENTER, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P16000075031.

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

Please return all correspondence concerning this matter to the following:

LUIS M. GONZALEZ
(Name of Person)

LUX MEDICAL HEALTH CENTER, INC.
(Name of Firm/Company)

1200 S Federal Highway.
(Address)

Hollywood, FL 33020.
(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS M. GONZALEZ at (954) 5054141.
(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

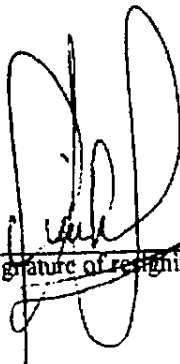
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Giisselle Gonzalez, hereby resign as Vice President
(Title)

of Lux Medical Health Center, Inc.
(Name of Corporation)

P16000075031, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

2019 MAY 20 PM 3:02

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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