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TO: Amendment Section
Division of Corporations

SUBJECT: **SARAVION MEDICAL CORP**

(Name of Corporation)

DOCUMENT NUMBER: **P17000073216**

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

Please return all correspondence concerning this matter to the following:

VICENTE JUAN CHAVEZ

(Name of Person)

SARAVION MEDICAL CORP

(Name of Firm/Company)

134 E 49 STREET

(Address)

HIALEAH, FLORIDA 33013

(City/State and Zip Code)

For further information concerning this matter, please call:

YENIS MARTINEZ

(Name of Person)

at (**305**) **412-0038**

(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, CARLOS JAVIER CEPERO, hereby resign as VICE PRESIDENT
(Title)

of SARAVION MEDICAL CORP
(Name of Corporation)

P17000073216

(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

SEP 25 PM 3:03
2019

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