

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000232486 3)))



H120002324863ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PELAYO MEDICAL CENTER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

OD/Res
@ 9/24/12

Electronic Filing Menu

Corporate Filing Menu

Help

08/06/2030 00:28
850-617-6381

9/24/2012 10:22:51 AM PAGE

1/001

#5505 P.002/003
Fax Server



September 24, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PELAYO MEDICAL CENTER, INC.
1500 S.W. 27TH AVENUE
MIAMI, FL 33145-2043US

SUBJECT: PELAYO MEDICAL CENTER, INC.
REF: P93000022765

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The resigning officer name is listed as JOSE PELAYO, please correct your document to read as such.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H12000232486
Letter Number: 112A00023782

RECEIVED

12 SEP 24 AM 8:02

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

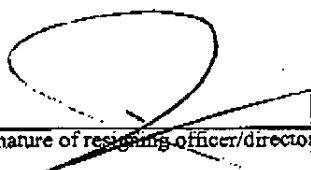
H 12000232486

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jose Pelayo, hereby resign as Director
(Title)

of Pelayo Medical Center, Inc.
(Name of Corporation)

P93000022765 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

12 SEP 24 PM 2:04
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

H 12000232486