

P9300052765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

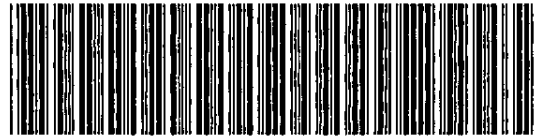
(Business Entity Name)

(Document Number)

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R. WHITE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PMC Medical Center, INC
(Name of Corporation)

DOCUMENT NUMBER: P930 000 22765

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

Please return all correspondence concerning this matter to the following:

MIREYA MANZANO
(Name of Person)

PMC Medical Center INC
(Name of Firm/Company)

1500 SW 27 Ave
(Address)

MIAMI FL 33145
(City/State and Zip Code)

For further information concerning this matter, please call:

MIREYA MANZANO at (305) 448-1500
(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

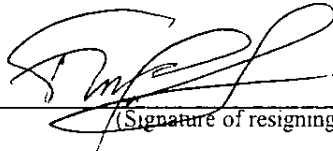
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FRANCESCO CABRERA, hereby resign as PRESIDENT / SECRETARY
(Title)

of PMC 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG - 1 PM 2:18

FILED

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