

P94000067196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000022251000

08/20/03--01008--010 **70.00

RECEIVED

03 AUG 20 AM 10:28

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

03 AUG 20 AM 10:54

DEPT. OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coullie AUG 20 2003

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Dade Medical Center, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

RESIGNATION AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

I, **WILSON LOPEZ**, after being duly sworn, state that to the best of my knowledge, information and belief, and under penalties of perjury, that the following is true and correct:

1. That on or about the 9th day of September 1994, articles of incorporation were filed for Dade Medical Center, Inc. which was assigned document number P94000067196.
2. That he has been recently been informed that he is listed as President as the above mentioned corporation. That at no time he accepted such position or derived any benefit from said position.
3. That on the 13th day of August 2003 he resigned as a President of said corporation.

---PAGE 1 OF 2 PAGES---

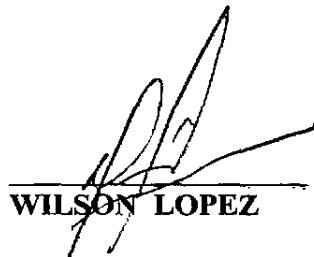
FILED
03 AUG 20 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W.L.

RESIGNATION AFFIDAVIT, CONT...

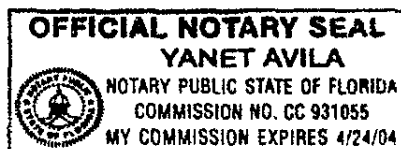
4. That said corporation has been notified in writing of the resignation.
5. That corporate minutes related to resignation are not available.

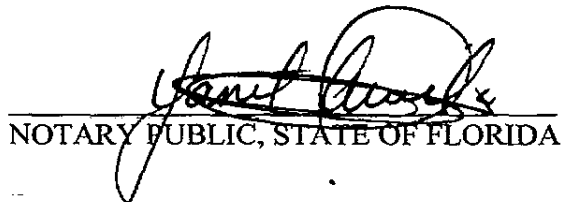
FURTHER AFFIANT SAYETH NAUGHT


WILSON LOPEZ

SWORN TO and subscribed before me on this ____ day of _____ 2003

by Wilson Lopez who presented a State of Florida Driver's License as means of identification.




NOTARY PUBLIC, STATE OF FLORIDA

My commission expires: 04-24-04