## P95000085068

	(Re	equestor's Name)	
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PICK	-UP	☐ WAIT	MAIL
	(Bu	isiness Entity Nar	ne)
<u>.</u>	(Do	ocument Number)	
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Surmed Health Care Providers, IN ( (Name of Corporation)  DOCUMENT NUMBER: P95 0000 85068
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexander Tirado (Name of Person)
(Name of Firm/Company)  1987 NW 88 <sup>th</sup> Court STE 201  (Address)
Miami FL 33172 (City/State and Zip Code)
For further information concerning this matter, please call:
Alex Tiradu at (305) 962-1789 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

			, hereby resign as	office	's ad	
I	Alexander	Tirado	, hereby resign as	Dire	cto v	<del></del>
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of_		UN Med (Name of Co	Healthcare	Providen	, FNC	<b></b> ,
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	(Document Number, if k	<u>85068</u> , a (nown)	corporation organized ur	nder the laws of th	e State of	
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		/9/amai	3	-	PM 12: 32 OF STATE E. FLORID	
		(Signal	ure of resigning officer/direc	nor)	RICA RICA	

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