

P95000093553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

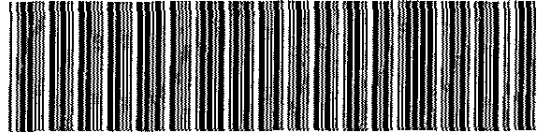
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Prof. n.*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTH FLORIDA CARDIOLOGY GROUP, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000093553

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

ANTONIO MARQUEZ, MD  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

701 NW 57 AVE, #350  
(Address)

MIAMI FL 33126  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTONIO MARQUEZ, MD at (305) 261-6855  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

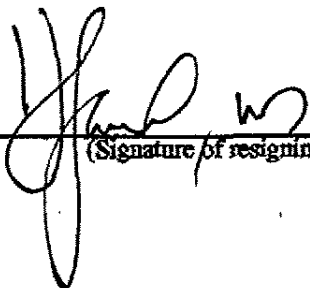
I, HUGO G. GARCIA, MD, hereby resign as DIRECTOR  
(Title)

of SOUTH FLORIDA CARDIOLOGY GROUP, INC.  
(Name of Corporation)

P95000093553, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

**FILED**  
05 AUG - 1 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, 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