P96000100418

ERASMO ZAERIS
Requestor's Name
LYME Medical Center, Inc
Address
1561 SW 138 Ave
Miami, FL 33184
City/State/Zip Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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*****35.00 *****35.00

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

O/D Pes
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CR2E031(1/95)

Examiner's Initials	

Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

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98 AUG 14 AM 9:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF DADE

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

I, ERASMO BARRIOS hereby resign as SECRETARY/ TREASURER (Title) of

LYME MEDICAL CENTER, INC. (Name of Corporation), a Florida corporation;

That the corporation has been notified in writing of the resignation.

X _____
Signature of resigning officer/director

Sworn to and subscribed before me this 11 day of August / 98

_____
NOTARY PUBLIC

RAISA PEREZ
MY COMMISSION # CC 710848
EXPIRES MAY-24, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

My Commission Expires: _____

FILING FEE IS $35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E044 (7-90)