

P97000004556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

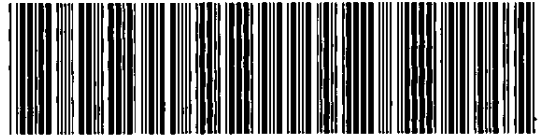
(Business Entity Name)

(Document Number)

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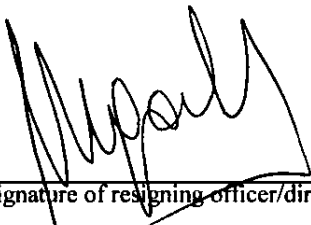
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Miguel Garber, hereby resign as Director
(Title)

of Personal Care Medical Center, Inc,
(Name of Corporation)

P97000004556, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

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FILING FEE IS \$35.00

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Amendment Section
Division of Corporations
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