

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
PERSONAL CARE MEDICAL CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

O/D Resign

Electronic Filing Menu

Corporate Filing Menu

Help

9-1-10

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September 1, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PERSONAL CARE MEDICAL CENTER, INC.

2050 N.E. 163RD STREET

1ST FLOOR

NORTH MIAMI BEACH, FL 33162

SUBJECT: PERSONAL CARE MEDICAL CENTER, INC.

REF: P97000004556

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H10000194620
Letter Number: 510A00020967

RECEIVED
2010 SEP -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

2

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Personal Care Medical Center, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P97000004556

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isabel Bugin

(Name of Person)

Personal Care Medical Center, Inc

(Name of Firm/Company)

2050 NE 163 Street

(Address)

North Miami Beach, FL 33162

(City/State and Zip Code)

For further information concerning this matter, please call:

Miguel Mato

(Name of Person)

at (786) 346-3592

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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CR2E044(08/05)


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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Isabel Bugin, hereby resign as President and Director
(Title)

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

P97000004566, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILED
10 SEP - 1 PM 2:14
TALLAHASSEE, FLORIDA

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

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