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 : (305)634-3694 Phone 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

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September 1, 2010

FLORIDA DEPARTMENT OF STATE

PERSONAL CARE MEDICAL CENTER, INC.

2050 N.E. 163RD STREET
1ST FLOOR
NORTH MIAMI BEACE, 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.

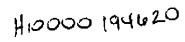
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

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SECRITARY OF STATE
TALLAHASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314



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 at (786) 346-3592 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L Isabel Bugin	hereby resign as	bereby resign as President and Director		
		(Title)	•	
of Personal Care Medical Center	er, Inc.			
	e of Corporation)	·- ·	_ 7	
P97000004556 (Document Number, if known)	, a corporation organized und	ler the laws of the State of		
FLORIDA				
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Ana	buld this	-	1	
	(Signature of resigning officer/direct)	PF)	名 音	
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	FILING FEE IS \$35.00	will of the	<u>-</u> झ्	

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallabassoe, Florida 32314

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