P97000056463

Requester's Name

GULFSTREAM FINANCE
414 S. DIXIE HWY
HOLLYWOOD BEACH, FL 33009

Office Use Only

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

1. _____ 500003777265--3
(Corporation Name) (Document #)
-08/30/00--01036--002
*****35.00 *****35.00

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

FILED
00 AUG 30 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

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

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

CR2E031(7/97)

Examiner's Initials

OFFICER / DIRECTOR RESIGNATION

I, FIDEL IGLESIAS, hereby resign as DIRECTOR/VICE PRESIDENT
(Title)

of MAVIC MEDICAL CENTER, INC.,
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

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TALLAHASSEE, FLORIDA

X _____
(Signature of resigning officer/director)

FIDEL IGLESIAS

FILING FEE IS $35.00

CR2E044(10/96)