

P9700056463

Requester's Name

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

Office Use Only

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

1. _____ 500003377265--3
(Corporation Name) (Document #) -08/30/00-01036--002
*****35.00 *****35.00

2. _____
(Corporation Name) (Document #)

3. _____
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(Corporation Name) (Document #)

- ☐ 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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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

o/b Res
9/11

Examiner's Initials

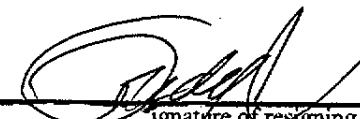
OFFICER / DIRECTOR RESIGNATION

I, FIDEL FOLESIAS, 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.

* 

(Signature of resigning officer/director)
FIDEL FOLESIAS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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