The	Requestor's Name	0005 DPA	6873
782 M City/Sta	Address Augusta Address Augusta Address Augusta August	126	2000023973926 -01/12/9801121008 *****105.00 ******35.00 Office Use Only
1.	ON NAME(S) & DOCU	MENT NUMBER(S), (Document #)	(if known):
	Corporation Name)	(Document #)	SE JAN TO AN
- 4.	orporation Name)	(Document #)	PESEE, FU
☐ Walk in ☐ Mail out	Pick up time		ertified Copy ertificate of Status
Profit NonProfit	AMENDMEN	iis — —	
Limited Liability Domestication	Change of Registe Dissolution/Withd		
Other OTHER FILINGS Annual Report	Merger REGISTRA QUALIFIC	Antonio in alla di Stato di Maria di Cara di C	
Fictitious Name Name Reservation	Foreign Limited Partnershi Reinstatement	ip	O Per
	Trademark Other		Phy. Y

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGI	NATION OF OFFICER A	12 SE SE SE	
STATE OF FLORIDA COUNTY OF DADE	·	JAN 12 AM ORE TANKS LAHASSEE.	
I, PEDRO VICENTE DERITO a knowledge, information and belief, an correct:	after being duly swom, d under the penalties o	State that to the hest of my	e and
l, PEDRO VICENTE DERITO	<u>h</u> ereby resign as	SECRETARY (Title)	_of
THE CORAL GABLES MEDICAL INST	ritute, corp. ion)	, a Florida corpo	ration;
That the corporation has been notified			
Sworn to and subscribed before me ti	Pedro Vicente i	ning officer/director Deristo October 1997	
		aud	
My Commission Expires:	YOLANDA SOLANO MY COMMISSION # CC 595515 EXPIRES: February 8, 2001 onded Thru Notary Public Underwriters	OTARY PUBLIC	