

P 97000 65891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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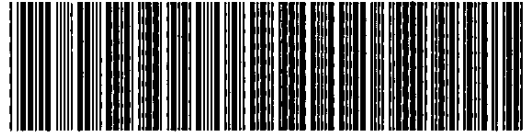
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JORGE E. RAVELO, M.D.,P.A.
(Name of Corporation)

DOCUMENT NUMBER: P97000065891

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

Please return all correspondence concerning this matter to the following:

Jorge E. Ravelo

(Name of Person)

JORGE E. RAVELO, M.D.,P.A..

(Name of Firm/Company)

2140 W 68th STREET SUITE 307

(Address)

HIALEAH, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE E. RAVELO at (305) 231-1664
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROSA MARIA RAVELO, hereby resign as OFFICER
(Title)

of JORGE E. RAVELO, M.D., P.A.
(Name of Corporation)

P97000065891, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Rosa M. Ravelo
(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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