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Maria A Fernandez 6205 SW 59th St Miami FL 33143-2105		FILED 99 MAR -7 AM 8:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA Office Use Only
City/State/Zip	Phone #	

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

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☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

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

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-03/04/99--01053--002
*****35.00 *****35.00

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

3-5-99

Examiner's Initials

CC

OFFICER / DIRECTOR RESIGNATION

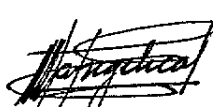
FILED
99 MAR -4 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Fernandez Angelica, hereby resign as T/M Treasurer/Managing
(Title)

of ACADEMY WOMEN'S 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)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**