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Resignation  
Of Officer

07/20/09--01004--024 \*\*35.00

FILED  
2009 JUL 20 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Box  
7/22/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Acute Care Medical Service of South Florida  
(Name of Corporation)

**DOCUMENT NUMBER:** P970000 86 498

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

Please return all correspondence concerning this matter to the following:

Francisco Medina  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

2080 SW 59 Ave  
(Address)

Plantation, FL 33317  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge L. Martinez, CPA at (305) 274-2626  
(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

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TALLAHASSEE, FLORIDA

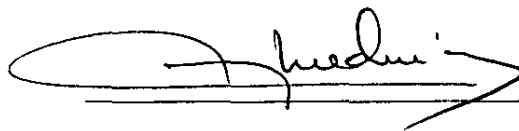
**DIRECTOR (S)' RESIGNATION**

ACUTE CARE MEDICAL SERVICES OF SOUTH FLORIDA, INC.

The Chairman then recognized the director named below who tendered his/her resignation, effective upon the adjournment of this meeting. Upon motion duly made, seconded and carried said resignation was accepted and the Secretary was ordered to spread upon the minutes of the meeting.

I (We) the undersigned director(s) of Acute Care Medical Services of South Florida, Inc. do hereby tender my (our) resignation(s), to take effect upon the adjournment of the meeting of the Board of Directors at which this resignation is accepted.

DATED 1/1, 20 06.



Francisco Medina  
Officer-Director