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(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

400003023514--3

-10/25/99-01069-001

*****35.00 *****35.00

OFFICE USE ONLY

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

1. SOUTH BAY MEDICAL CENTER, INC.

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

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(Document #)



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

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

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

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

FILED
OCT 25 PM 1:28
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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DIVISION OF CORPORATIONS
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C. COULLETTE OCT 25 1999

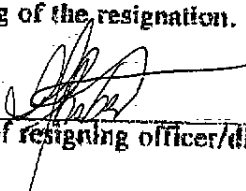
Florida Department of State, Sandra B. Mortham, Secretary of State

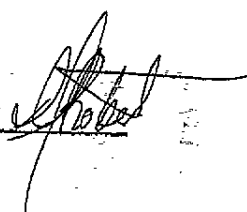
OFFICER / DIRECTOR RESIGNATION

I, ILA JIMENEZ-ROBERT, hereby resign as VICE-PRESIDENT
(Title)
of SOUTH BAY MEDICAL CENTER, INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

That the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)


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FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314