

P98000046355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

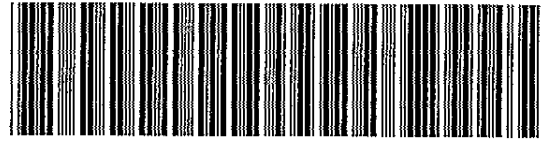
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Selecta Medical Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P98000046355

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

Please return all correspondence concerning this matter to the following:

Clara Macareno
(Name of Person)

Selecta Medical Center
(Name of Firm/Company)

1490 West 49 Place, Suite 210
(Address)

Hialeah, Florida 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin C. Guanaga at (305) 567 0095
(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, Salvador Justo Tomas, hereby resign as President/Director
(Title)

of Selecta Medical Center, Inc.
(Name of Corporation)

P98000046355, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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

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