## P98000089689

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**OMEGA MEDICAL CENTER** 

640 NE 149<sup>th</sup> Street, Miami, FL 33161 Phone: (305) 945-9740 \*Fax: (305) 945-8041

Divisions of Corporation P.O. Box 6327 Tallahassee, Florida 32314

Re: P98000089689

July 1, 2004

Dear Corporation Personnel:

I am requesting the removal of my name as president of Omega Medical Center effective July 1, 2004. Please consider this request, and if you have any questions, please do not hesitate to contact me.

Sincerely. Člifford O'Connor



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Non (NIL (Name of Corporation) EN. SUBJECT: 98000089689 **DOCUMENT NUMBER:** 

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

Please return all correspondence concerning this matter to the following:

tou) OMOTA MUDICAL CENTER (Name of Firm/Company) LOLIO N'E'LY9 STREET (Address) MIAMI', 12 33/4 ( (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (305) 945-9740 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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I, <u>Cliffind</u> <u>O'GUNNIN</u>, hereby resign as <u>Madidad</u> (Title OMERA HEALTH CONTER, IWC. of 98 DODO 89689 (Document Number, if known) \_\_\_\_, a corporation organized under the laws of the State of Florida C-9 PH 5: FILED (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