

P98000092801

R.A. MEDICAL CENTER, INC.
2455 W. Flagler Street
Miami, FL 33135

City/State/Zip Phone #

300002898763--1
-06/08/99-01081-003
*****35.00 *****35.00

Office Use Only

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

1. _____
(Corporation Name) (Document #)
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
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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
99 JUN -8 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OLD Res.

S. PAYNE JUN 14 1999

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA
COUNTY OF DADE

I, ARMANDO CUBAS after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, ARMANDO CUBAS hereby resign as VICE-PRESIDENT of
(Title)
R.A.MEDICAL CENTER, INC., a Florida corporation;
(Name of Corporation)

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

Armando Cubas / Paul Ramirez
Signature of resigning officer/director

Sworn to and subscribed before me this 28th day of MAY OF 1999.

DORA RODRIGUEZ

NOTARY PUBLIC
DORA RODRIGUEZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC469451
MY COMMISSION EXP. JUNE 6, 1999

My Commission Expires: 06/06/99

FILING FEE IS \$35.00