

P99000051852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

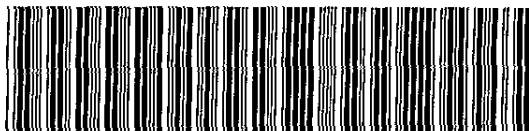
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03 SEP 10 AM 9:36
CLERK OF COURT
PALM BEACH, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: El Amparo Medical, Inc.
(Name of Corporation)

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:

Amparo Villegas
(Name of Person)

El Amparo Medical Inc.
(Name of Firm/Company)

9542 SW 137 Avenue
(Address)

Miami, FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

Amparo Villegas at (305) 387-9393
(Name of Person) (Area Code & Daytime Telephone Number)

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

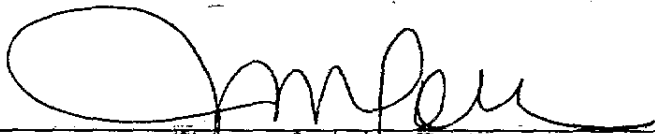
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Isabel C. Morejon, hereby resign as Secretary
(Title)
of El Amparo Medical, Inc
(Name of Corporation)

_____, 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

FILED
03 SEP 10 AM 9:36
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314