

P99000079510

(Requestor's Name)

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(City/State/Zip/Phone #)

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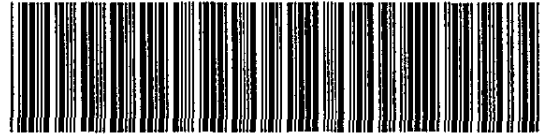
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MedChoice Medical Centers, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P990000 79510

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

Please return all correspondence concerning this matter to the following:

Alexander Tirado
(Name of Person)

(Name of Firm/Company)

10290 S.W. 58 STREET
(Address)

MIAMI FL 33173
(City/State and Zip Code)

For further information concerning this matter, please call:

Alex Tirado at (305) 962-1789
(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, Michael J MARTIN, hereby resign as Director and Officer
(Title)

of MedChoice Medical Centers, Inc.
(Name of Corporation)

P99000079510, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Michael J Martin
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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