

P99000107487

Lincoln A. Garay, M.D., P.A.

General Surgery

Palmetto Medical Plaza, 7100 W. 20th Ave, Suite 212, Hialeah, FL 33016

P.O. Box 22042, Hialeah, FL 33002-2042

Tel. 305-556-1830

RETURN RECEIPT

April 13, 2001

Mr Alfonso Hurtado
Adminitrator
CASA Amor Community Health Care Center, Inc
4148 West 12th Ave
Hialeah, FL 33012

RE: TERMINATION OF ASSOCIATION

300004506263--2
-07/30/01--01002--021
*****35.00 *****35.00

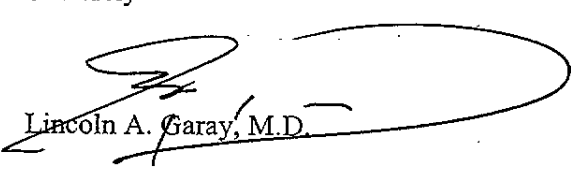
Dear Mr Hurtado:

This letter shall serve as my official termination of association and cooperation with your institution. I would request that you refrain from the use of my name, any of my licensing information or any of my provider numbers. Further, I would like you to cancel and void all provider numbers obtained under my name including Medicare, Medicaid and Blue Cross/Blue Shield.

In the future, I would like to hear from you and would be more happy to cooperate on other ventures.

Thanking you for your cooperation.

Sincerely


Lincoln A. Garay, M.D.

Return receipt No 7099 3400 0004 9870 2691

OID
Res.

FILED
01 JUL 27 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. PAYNE JUL 30 2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 12, 2001

Lincoln A. Garay, M.D.
P.O. Box 22042
Hialeah, FL 33002-2042

SUBJECT: CASA AMOR COMMUNITY HEALTH CARE CENTER ADC. INC.
Ref. Number: P99000107487

We have received your document for CASA AMOR COMMUNITY HEALTH CARE CENTER ADC. INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 801A00041179

RECEIVED
01 JUL 27 AM 10:04
DIVISION OF CORPORATIONS

FILED

01 JUL 27 AM 11:07

OFFICER / DIRECTOR RESIGNATION

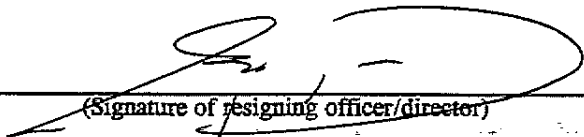
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GARAY, LINCOLN A. M.D., hereby resign as Secretary (Officer/Director)
(Title)

of CASA AMOR COMMUNITY HEALTH CARE CENTER ADC. INC Number: P99000107487,
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**