

S04885

March 9, 2001

Florida Department of State
Division of Corporations
409 E Gaines Street
Tallahassee, FL 32399

800003855058--0
-04/20/01--01035--003
*****52.50 *****52.50

800003855058--0
-03/15/01--01111--002
*****35.00 *****35.00

Re: Corporation: Pembroke Medical Center
Document # SO4885

To Whom it May Concern:

Enclosed please find three (3) forms indicating the resignation of Officer / Director for the above named Corporation. Also, please find a resignation of Registered Agent for the corporation listed above. As well we have enclosed 4 checks as follows:

Check # 7056 Resignation of Registered Agent Fee J. Ramon Torres \$35.00
Check # 7057 Resignation of Officer/Director Fee J. Ramon Torres \$35.00
Check# 7058 Resignation of Officer/Director Fee Maggie M. Torres \$35.00
Check # 1823 Resignation of Officer/Director Fee Jose Ramon Torres \$35.00

If you should need any further information please contact me at (954)983-1220.

Sincerely,


Maggie Torres

10405 Bermuda Dr.
Cooper City, Fla. 33026

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 27 PM 12:03

PA Resign
LPS

4-27-2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 20, 2001

MAGGIE TORRES
10405 BERMUDA DRIVE
COOPER CITY, FL 33026

SUBJECT: PEMBROKE MEDICAL CENTER, INC.
Ref. Number: S04885

We have received your document for PEMBROKE MEDICAL CENTER, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active corporation is \$87.50. There is a balance of \$52.50 due to file the resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 601A00016847

RESIGNATION OF REGISTERED AGENT

01 APR 27 PM 12:03

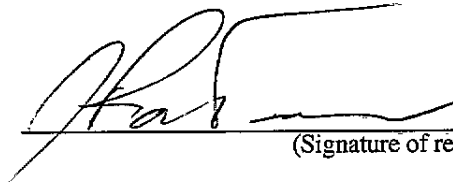
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, J. Ramon Torres
(Name of registered agent)

hereby resigns as Registered Agent for Pembroke Medical Center, Inc.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of resigning agent)

If signing on behalf of an entity:

J. Ramon Torres
(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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