

549176

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(Address)

(Address)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAREMED MEDICAL GROUP, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** S49176

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MAGGIE GARCIA  
(Name of Person)

CLINICAS FINLAY, INC.  
(Name of Firm/Company)

415 WEST 49 STREET  
(Address)

HIALEAH, FLORIDA 33012  
(City/State and Zip Code)

For further information concerning this matter, please call:

MAGGIE GARCIA at ( 305 ) 8263300  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

June 29, 2004

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: CareMed Medical Group, Inc.  
Doc Number: S49176

To Whom It May Concern:

This letter is written in order to request my name to be removed from the corporate record detail screen as the registered agent.

If you have any questions, please contact Maggie Garcia at (305) 826-3300.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Osvaldo Martinez', with a stylized, cursive script.

Osvaldo Martinez

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
04 JUN 30 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Florida Statutes, the undersigned, Oswaldo Martinez

(Name of Registered Agent)

hereby resigns as Registered Agent for CareMed Medical Group, Inc.

(Name of Corporation)

S49176

(Document Number, if known)

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:

(Typed or Printed Name)

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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