## 549176

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

Division of Corporations	• . • •	. ~		. <del></del> . <del>-</del> -
SUBJECT: CAREMED MEDICAL GROUP. INC  (Name of Corpor	cation	<u> </u>		, dire
DOCUMENT NUMBER: S49176	·			, .
The enclosed Resignation of Registered Agent for a Corp	oration and fee a	re submitted for	r filing.	_
Please return all correspondence concerning this matter to			<b>3</b>	
MAGGIE GARCIA				
(Name of Person)	<u></u>		•	.• - ;
CLINICAS FINLAY, INC.				
(Name of Firm/Company)		Α.	±4 ;	. ——
415 WEST 49 STREET (Address)	(P)		<del>ý</del> =.	**
HIALEAH, FLORIDA 33012 (City/State and Zip Code)	·.···		# ·	دي
For further information concerning this matter, please call	l <b>:</b>			
MAGGIE GARCIA at ( 305	8263300			
(Name of Person) (Area Co	de & Daytime Tel	ephone Number)	, ,	
Enclosed is a check made payable to the Florida Departme or \$35.00 for an administratively dissolved, voluntarily di	ent of State for \$3 ssolved or withdo	87.50 for an act	ive corporation.	n

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

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.

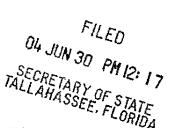
If you have any questions, please contact Maggie Garcia at (305) 826-3300.

Thank you for your attention to this matter.

Sincerely,

Osvaldo Martinez

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Osvaldo Martinez
(Name of Registered Agent)
hereby resigns as Registered Agent forCareMed 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)

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