

549176

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

OSVALDO MARTINEZ  
(Name of Person)

CAREMED MEDICAL GROUP, 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 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**

FILED  
04 JUN 30 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Osvaldo Martinez, hereby resign as President  
(Title)

of CareMed Medical Group, Inc.  
(Name of Corporation)

S49176, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**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