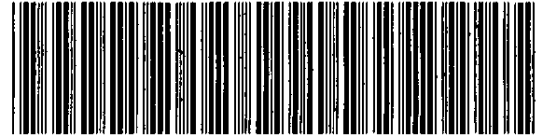


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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

OD/Res  
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(Requestor's Name)

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(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A R DOCS, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000005226  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Cathy Horne  
\_\_\_\_\_  
(Name of Person)

A R DOCS, INC.  
\_\_\_\_\_  
(Name of Firm/Company)

15310 Amberly Dr., Ste. 250  
\_\_\_\_\_  
(Address)

Tampa, FL 33647  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jane Blasquez  
\_\_\_\_\_  
(Name of Person) at ( 813 ) 985-1148  
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Mark Bast, hereby resign as Director  
(Title)

of A R DOCS, INC.  
(Name of Corporation)

P01000005226, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

mark Bast  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JUL - 7 AM 8:58

**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