

PO2 0000 15153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FREEDOM HEALTHCARE GROUP, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO 2000015153

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

Please return all correspondence concerning this matter to the following:

TRAVIS LEONARDI  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

600 FAIRWAY DRIVE STE 201  
(Address)

DEERFIELD BEACH FL 33441  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRAVIS LEONARDI at (561) 866-5637  
(Name of Person) (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

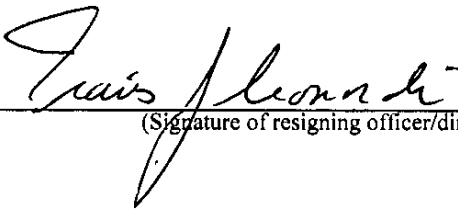
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, TRAVES LEONARDI, hereby resign as PRESIDENT & DIRECTOR  
(Title)

of FREEDOM HEALTHCARE GROUP, INC.  
(Name of Corporation)

PO2000015153, 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

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**