POLOOO 22/5 MICHAEL L. BROOKS

ATTORNEY AT LAW

TELEPHONE: (904) 354-1386

SUITE 202 437 EAST MONROE STREET JACKSONVILLE, FLORIDA 32202-2815 TELECOPIER: (904) 354-7554

June 17, 2002

200005813872--6 -06/18/02--01047--010 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Corporate Records Bureau Division of Corporations Department of State 409 East Gaines Street Tallahassee, Florida 32399

Re: First Coast Anesthesia, Inc.

Dear Sir/Madam:

Enclosed is the original Officer/Director Resignation form to be filed in the above referenced corporation. Also enclosed is check number 1155 in the amount of \$35.00 for payment of the filing fee.

Thank you for your assistance in this matter.

Very truly yours,

Kelly Irish

Assistant to Michael L. Brooks

LUKE IAKY OF STATE LLAHASSEE, FLORID,

JUN 18 PM 2: 19

/kci Enclosures

AUTHORIZATION BY PHONE TO
CORRECT COLOR ALL TO TO THE PROPERTY OF THE PROPERTY

Ps 6/20/02 8/0/es-

FILED

02 JUN 18 PM 2: 19

GEURE FARY UF STATE TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION

I, Michael L. Brooks , hereby resign as	(Title)		<u>Di</u> rector
of First Coast Anesthesia, Inc . (Name of Corporation)		**************************************	<del></del> ,
a corporation organized under the laws of the State of Florida	, <del></del>		
and affirm that the corporation has been notified in writing of the resign	nation.		
Signature of resigning officer/director)		<u></u>	

FILING FEE IS \$35.00

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