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09/17/03--01051--005 **35.00

03 SEP 17 PH 4: 25

Office Use Only

Re 9/12/03,

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JUDEPENDENT MEDICAL BILLING SERVICES. (Name of Corporation)	Īnc
DOCUMENT NUMBER: PO2 000080211	ī
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Olon Menk (Name of Person)	
JUDGEDENT MEDICAL BILLING SERVICES, Onc (Name of Firm/Company)	
15054 SW 21st Street (Address)	-
MIRAMAR Jin 33027 (City/State and Zip Code)	
For further information concerning this matter, please call:	
OLGA HENA at (305) 28 2351 (Name of Person) (Area Code & Daytime Telephone Number)	± °· x -
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

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IALLAHASSEE, FLORIDA

I,	ANDREW	()Umo	, hereby resign as	1-RES	iD EDI Title)	
of	JUDEPENDA	Name of Corpor	RILLING ration)	Scruces	. Gnc	2
P	O2000802 (Document Number, i	f known) a corp	poration organized un	nder the laws of the	he State of	
	TORIDA			4.1 - 1	at the second	
					2 harrier	**************************************
	/			÷	** *	
		(Signature	of resigning officer/direc	tor)	<u> </u>	

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