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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOMESTEAD MEDICAL CLINIC, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P05000126046

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

Please return all correspondence concerning this matter to the following:

MARTA I DELGADO
(Name of Person)

HOMESTEAD MEDICAL CLINIC P.A.
(Name of Firm/Company)

125 NE 8 STREET STE 1
(Address)

HOMESTEAD, FL 33030
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTA I DELGADO at (786) 243-1909
(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

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DAMARIS SALCINES, hereby resign as PRESIDENT
(Title)

of HOMESTEAD MEDICAL CLINIC, P.A.
(Name of Corporation)

P05000126046, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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