P06000059763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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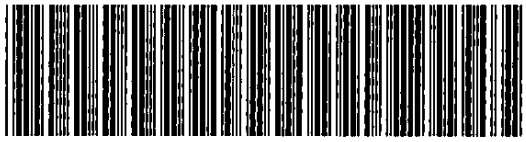

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FILED
06 JUL 28 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

FOR

PROFESSIONAL CLAIMS HANDLERS ASSOCIATION, INC.

FILED
06 JUL 28 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P06000059763
Document Number of Corporation

I, John Mercer, hereby resign as Director and Secretary of Professional Claims Handlers Association, Inc., a corporation organized under the laws of the State of Florida, and affirm that the corporation has been notified in writing of the resignation.

Signed this 13th day of July, 2006

JOHN MERCER

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