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Requester's Name

Address

Gal Krumley
16738 NW 20th Street
Pembroke Pines, FL 33028

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-08/21/01--01005--001
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

old Res
DRE

Examiner's Initials

8/21
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OFFICER / DIRECTOR RESIGNATION

I, Gregory Knowles, hereby resign as Director
(Title)

of Specialty Medical Care Centers of Florida, Corp.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

August 8, 2001

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FILING FEE IS \$35.00

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