

Requestor's Name
 Address
 City/State/Zip Phone #

P97000052458

100002606951-5
 -03/15/99--01162--007
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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 Certified Copy
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 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

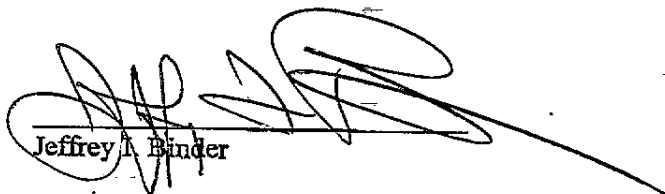
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 99 MAR 15 PM 1:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 285

Examiner's Initials	
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RESIGNATION

I, Jeffrey I. Binder, hereby tender my resignation as a Director of Atlantic Family Medical Center, Inc., as of the 1st day of January, 1999.


Jeffrey I. Binder

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TALLAHASSEE, FLORIDA