# P96000020000

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and soon and

# PROFESSIONAL CENTER FOR INTERNAL MEDICINE, INC. 13911 LAKESHORE BLVD.

HUDSON, FL. 34667 PHONE: 727-863-5449

FAX: 727-861-7539

AMENDMENT SECTION DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

August 11, 2003

Dear Sir/Ms.

Enclosed herewith is the transmittal letter and the resignation letter from the former President / Director of Professional Center for Internal Medicine. I have enclosed a check for \$ 35.00.

Thank you,

Yours Sincerely,

MOHAN KUTTY

President / Director Professional Center for Internal Medicine

#### TRANSMITTAL LETTER

SUBJECT: PROFESSIONAL CENTER FOR INTERNAL MEDICINE

(Name of Corporation)

DOCUMENT NUMBER: P960002000

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

Please return all correspondence concerning this matter to the following:

MOHAN KUTTY

(Name of Person)

PROFESSIONAL CENTER FOR INTERNAL MEDICINE

(Name of Firm/Company)

SUITE G

HUDSON FLORIDA 34667

(City/State and Zip Code)

For further information concerning this matter, please call:

MOHAN KUTTY

at (727) 863-5449

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

## RESIGNATION AND RENOUNCEMENT OF

### ANY OWNERSHIP INTEREST

I, SHEELA KUTTY hereby resign as any officer and director of the **PROFESSIONAL CENTER FOR INTERNAL MEDICINE (Spring Hill)**, a Florida Corporation, which is effective immediately on May 31, 2001. I further renounce any ownership interest I may have had in said corporation.

SHEELA KUTTY
Officer and Director

APPROVED AND ACCEPTED BY:

MOHAN KUTTY Authorized Signatory

Shareholder and Director

SECRETARY OF STATE

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