(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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PARCOE.

## **CT** CORPORATION SYSTEM

June 5, 2003

RE: COUNTRYWIDE MEDICAL COMPANIES, INC. (NV. DOM.)
THE GAME KEEPER, INC. (CA. DOM.)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in the amount of \$70.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri &

Senior Supervisor & Assistant Secretary

TA:ld Enclosure

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CTCOF	RPORATION SYSTEM
	(Name of registered agent) JNTRYWIDE MEDICAL COMPANIES, INC.
hereby resigns as Registered Agent for (NV	
	(Name of corporation)
A copy of this resignation was mailed to the	above listed corporation at its last known address.
The agency is terminated and the office disc this statement is filed.	continued on the 31st day after the date on which
	<u> </u>
	re of resigning agent)
If signing on behalf of an entity:	THE COLUMN
C T CORPORATIO (Typed	N SYSTEM - Theresa Alfieri or Printed Name)
	INT SECRETARY (Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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

CR2E046(9/98)