

F05000001020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

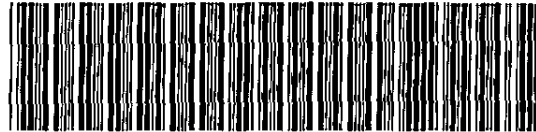
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation
LFS
6-23-05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLINICAL CONTROL SYSTEMS INC.
(Name of Corporation)

DOCUMENT NUMBER: FD5000001020

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

Please return all correspondence concerning this matter to the following:

CONRADO B. GARCIA

(Name of Person)

CLINICAL CONTROL SYSTEMS INC.
(Name of Firm/Company)

6001 Broken Sound Parkway, Suite 620
(Address)

Boca Raton FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

Conrado Garcia

(Name of Person)

at (561) 997-2260

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2005 JUN 20 PM 12:18

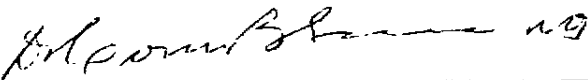
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, GERARDO B. GARCIA, hereby resign as DIRECTOR
(Title)

of CLINICAL CONTROL SYSTEMS, INC.
(Name of Corporation)

FC5000001020, a corporation organized under the laws of the State of
(Document Number, if known)

NEVADA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314