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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: Universal Health Care Group, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F06000003664

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

Please return all correspondence concerning this matter to the following:

William A. Potucek

(Name of Person)

Universal Health Care Group, Inc.

(Name of Firm/Company)

100 Central Avenue, Suite 200

(Address)

Saint Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

William A. Potucek

 $_{\rm at}$  727  $_{\rm 3}$  329-0588 x8588

(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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı.</sub> Jeffrey Ludy	, hereby resign as Chief Market	ing O	ffice	∍r
7	(T	itle)	-	
<sub>of</sub> Universal Health C	are Group, Inc.			_,
	of Corporation)			
F06000003664	, a corporation organized under the laws of the	State o	ıf	
(Document Number, if known)	, a corporation organized under the laws of the	, Diato o	, i	
Florida				
	<del>,</del>			
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	Sygnitute of resigning officer/divertor)			
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1	FILING FEE IS \$35.00	FS.	P	O
		QQ TAI	<b>4: 22</b>	
Make checks payable	to Florida Department of State and mail to:	₽rri	22	

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