

G 26461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

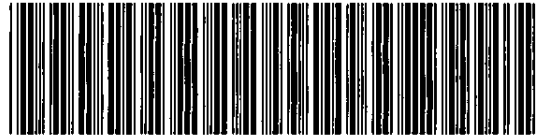
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

[Handwritten Signature]

G. Goulette DEC 28 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLINICAL CONCEPTS, INC
(Name of Corporation)

DOCUMENT NUMBER: G 26461

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

Please return all correspondence concerning this matter to the following:

OTTO J. MARKS
(Name of Person)

~~CLINICAL CONCEPTS, INC~~
(Name of Firm/Company)

808 POLK STREET
(Address)

HOLLYWOOD FL 33019
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLYN MARKS at (954) 925-5117
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, OTTO J. MARKS, hereby resign as PRESIDENT
(Title)

of CLINICAL CONCEPTS, INC.
(Name of Corporation)

G-26461, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Otto J. Marks
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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