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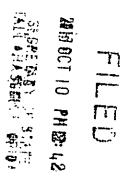
(Re	equestor's Name)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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TRANSMITTAL LETTER

SUBJECT: Ryan CW Hall MD PA (Name of Corporation)
DOCUMENT NUMBER: \(\begin{array}{c c c c c c c c c c c c c c c c c c c
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan (W Hall M) (Name of Person)
Ryan CW Hall MDPA (Name of Firm/Company)
2500 W Lales Mary Blud #219 (Address)
Lorke Mary F(32746 (City/State and Zip Code)
For further information concerning this matter, please call:
Marcia Chaprinan at (407) 322 8/99 (Name of Person) (Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

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

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Richard C.W. Hall MD, hereby resign as Prosice	(Title)	
of Ryay CW Hall MD PA (Name of Corporation)		<u> </u>
Document Number. if known) . a corporation organized under the laws	of the State of	
Florida		
(Signature of resigning officer/director)	SCHREEN NOT TO PM SELL	FILED

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

FILING FEE IS \$35.00

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