

102000016341

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uc/not corp

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(Address)

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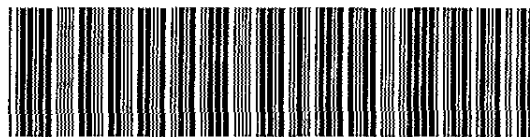
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

03 SEP 23 AM 8:50

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROVIDERS ALLIANCE NETWORK, L.L.C.

(Name of Corporation)

DOCUMENT NUMBER: L02000016341

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

Please return all correspondence concerning this matter to the following:

HAIDER A. KHAN, MD

(Name of Person)

DELTA MEDICAL CARE, INC.

(Name of Firm/Company)

2435 US 19, STE 450

(Address)

HOLIDAY, FL 34691

(City/State and Zip Code)

For further information concerning this matter, please call:

HAIDER A. KHAN, MD

(Name of Person)

at (727) 868-8373
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 4, 2003

HAIDER A. KHAN, MD
DELTA MEDICAL CARE, INC.
2435 US 19, STE 450
HOLIDAY, FL 34691

SUBJECT: PROVIDERS ALLIANCE NETWORK, L.L.C.
Ref. Number: L02000016341

We have received your document for PROVIDERS ALLIANCE NETWORK, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The form submitted is for a Corporation, not a Limited Liability Company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 403A00049431




FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Haider A. Khan, MD hereby resign as Manager/Member
(Title)
of Providers Alliance Network, LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,
and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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

FILED
03 SEP 23 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA