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FILED
2013 JAN 28 AM 11: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Quilligan   JAN 3 0 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **American Managed Care, LLC**

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William A. Potucek

(Contact Person)

American Managed Care, LLC

(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   at (**727**) **329-0588 x8588**

(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
❑ $25 Filing Fee   ❑ $55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: **American Managed Care, LLC** .

2. This limited liability company was organized under the laws of:
   Florida .

3. The Florida document/registration number of this limited liability company is:
   L02000019391 .

4. I, **Jeffrey Ludy** , hereby resign as a **Chief Marketing Officer**
   (Print Name of Person Resigning)   *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

CR2E079 (5/06)