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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: General Surgery of Palm Beach, 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:

M. Richard Sapir, Esq.

(Contact Person)

Cohen, Norris, et al

(Firm/Company)

712 US Hwy One, Suite 400

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Richard Sapir

.561

844-3600

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please fine a check made payable to the Florida Department of State for:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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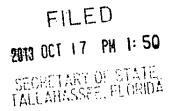
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears on the records of the Florida Department neral Surgery of Palm Beach, LLC
2. This limited liab	pility company was organized under the laws of:
3. The Florida doc <u>L09000026</u>	ument/registration number of this limited liability company is: 814
of this limited lia resignation in wr	PEREZ a/k/a DAMARIS PEREZ, hereby resign as a Manager/Member (Print Title) bility company and affirm the limited liability company has been notified of my iting. igning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)

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