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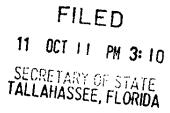
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: NEW HOIE REDICAL GROUP 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:
JOSEIH A. AUGUSTIN (Contact Person)
NEW HOPE MEDICAL GROUP, LLC (Firm/Company)
4301 W. SUNPLUE BLUD (Address)
PLANTATION FL. 33313 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (914) (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: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Clifton Executive Center Circle 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					Etho Florida D	Aspantanout
of State is: N	EM HOPE	HEDICAL	GROUP,	LLC		•
			·			
2. This limited liab	ility company	was organized ur	der the laws	s of:		
FLORID	Α					
3. The Florida doc	ument/registra	tion number of th	is limited lia	bility compa	any is:	
L110000	73415		·			
4. 1, <u>GILBE</u> (Print N	NT FR. Jame of Person R	ANKLIN esigning)	_, hereby re	esign as a <u>M</u>	ANA GNO (Print Title	<u>henb</u> er
of this limited lia resignation in wr		and affirm the li	mited liabili	ty company	has been notif	fied of my
7	g.					
(Ma						
Signature of Res	igning Membe	r, Managing Men	ber or Man	ager		
Filing Fee:	\$25.00 (Re	eauired)				
Certified Copy:	\$30.00 (Or	•				