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**SunStar**  
HEALTHCARE, INC.

April 13, 2000

Susan Payne  
Senior Section Administrator  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Resignation of David A. Jesse

Dear Ms. Payne:

Enclosed are the following:

With respect to **First Health, Inc.** and as to **David A. Jesse**

- Copy of your letter 000A00017770 dated March 31, 2000;
- Your Form "Resignation of Registered Agent";
- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$70.00.

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-04/25/00--01042--002  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

With respect to **First Health, Inc.** and as to **Warren Stowell**

- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$35.00.

With respect to **Brevard Medical Center, Inc.** and as to **David A. Jesse**

- Copy of your letter 900A00017769 dated March 31, 2000;
- Your Form "Resignation of Registered Agent";
- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$70.00.

With respect to **Brevard Medical Center, Inc.** and as to **Warren Stowell**

- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$35.00.

With respect to **SunStar Health Plan, Inc.** and as to **David A. Jesse**

- Copy of your letter 400A00017766 dated March 31, 2000;
- Your Form "Resignation of Registered Agent";
- Your Form "Officer/Director Resignation"; and
- Check payable to Florida Department of State in the amount of \$70.00.

With respect to **SunStar Health Plan, Inc.** and as to **Warren Stowell**

- Your Form "Officer/Director Resignation"; and

FILED  
00 APR 24 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OLD Res.  
4/25/00

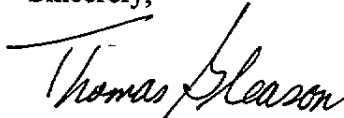
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- Check payable to Florida Department of State in the amount of \$35.00.

Please process these forms and confirm that your records reflect the resignations of Mr. Jesse and Mr. Stowell as documented by the forms.

If you have any questions, please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Thomas Gleason". The signature is written in dark ink and is positioned above the printed name and title.

Thomas Gleason  
General Counsel

Encl.

CC: David Jesse  
Warren Stowell

**OFFICER / DIRECTOR RESIGNATION**

FILED  
00 APR 24 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, David A. Tesse, hereby resign as Director and Vice President  
(Title)

of Sunstar Health Plan, Inc.  
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

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