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TRANSMITTAL LETTER

| SUBJECT: ROYAL PALM KID'S CARE, P.A. (Name of Corporation) |
|---|
| |
| DOCUMENT NUMBER: M64331 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| RICHARD A PRESUTTI M.D. (Name of Person) |
| |
| (Name of Firm/Company) |
| 11424 OHANU CIRCLE (Address) |
| BOYNTON BEACH FC 33 37 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (954) 465-8760 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I. KICHARD A PRESUTTI MD, hereby resign as VICE-PRE | 18/DENT 1e) |
|---|---------------------------------------|
| of ROYAL PALM KID'S CARE, P.A. (Name of Corporation) | · · · · · · · · · · · · · · · · · · · |
| M 64331 , a corporation organized under the laws of the (Document Number, if known) | State of |
| FLORIDA. | |
| Coin of the lighting officer/director) | 05 SEP 15 AM |
| FILING FEE IS \$35.00 | AH 10: 00 |

Make checks payable to Florida Department of State and mail to:

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