

N 000000008202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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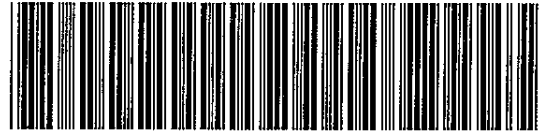
(Business Entity Name)

(Document Number)

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PS 6/23/05
O/ales.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Medical Alliance Society of America, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N0000000 8202

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry V. Bishins
(Name of Person)

Larry V. Bishins P.A.
(Name of Firm/Company)

4546 N. Federal Highway
(Address)

Fort Lauderdale FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Larry V. Bishins at (954) 772-7900
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.


Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
05 JUN 21 AM 11:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

I, Larry V. Bishins, hereby resign as Director
(Title)
of Medical Alliance Society of America, Inc
(Name of Corporation)
N00000000 8202, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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