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TALLAHASSEE, FLORIDA

Off. Resign.

Q. Coulllette JAN 18 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION NOTICE; NON-PARTICIPANT IN CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: N01000004292

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

Please return all correspondence concerning this matter to the following:

JEANETTE BARBIC

(Name of Person)

(Name of Firm/Company)

8501 SW 126 TERRACE

(Address)

MIAMI, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

JEANETTE BARBIC

(Name of Person)

at (786) 306-2017

(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**

I, JEANETTE BARBIC, hereby resign as SECRETARY/DIRECTOR
(Title)

of MD'S 4CURE ORGANIZATION CORP.,
(Name of Corporation)

N01000004292, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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