

NO50000009775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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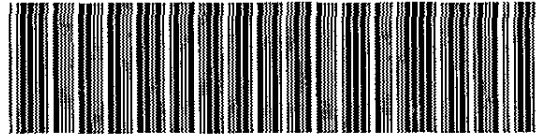
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts DEC 04 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL CENTER OF WEST PALM BEACH, INC

(Name of Corporation)

DOCUMENT NUMBER: N05000009775

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

Please return all correspondence concerning this matter to the following:

Michael Shen

(Name of Person)

MEDICAL CENTER OF WEST PALM BEACH, INC

(Name of Firm/Company)

15751 Sheridan ST, #306

(Address)

Ft. Lauderdale, FL, 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Shen

(Name of Person)

at (954) 4342672

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Michael Shen, hereby resign as Medical Director
(Title)

of MEDICAL CENTER OF WEST PALM BEACH, INC
(Name of Corporation)

N05000009775, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 11/5/06
(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