

N06000002526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

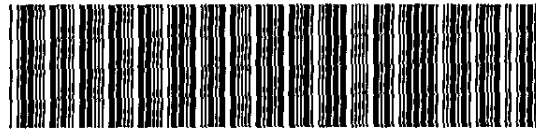
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/06--01031--009 **70.00

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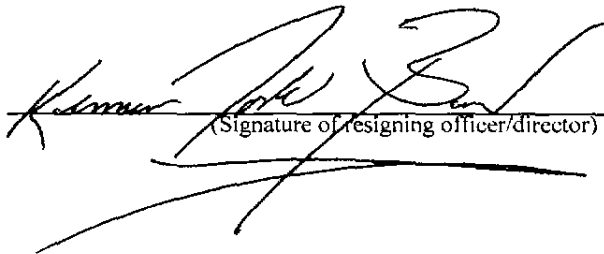
OLD Resign.

05/15/06

DC

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kenan Bond, hereby resign as Director
(Title)
of Childrens Medical Assistance Fund Inc
(Name of Corporation)
N 06000002576, 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

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