

N93000004434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

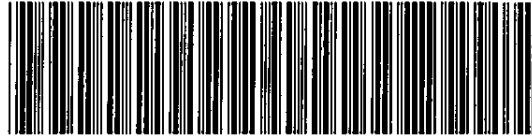
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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PAMELA A.M. CAMPBELL, P.A.

ATTORNEY AT LAW

Phone: (727) 894-7000  
Fax: (727) 821-4042  
E-mail: pcampbell@PamCampbellPA.com

Plaza Tower, Suite 1404  
111 Second Avenue N.E.  
St. Petersburg, Florida 33701

October 24, 2006

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

RE: Gulf Coast Executive Women in Health Care, Inc.

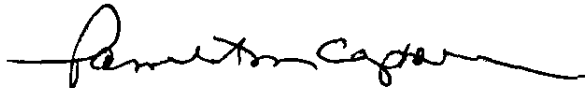
Dear Sir or Madam:

Enclosed is the Officer/Director Resignation for a Corporation form which I have signed as a resigning officer of Gulf Coast Executive Women in Health Care. I would appreciate it if you would file this document and provide me with confirmation of same.

Thank you for your attention to this matter. If you need any additional information, please let me know.

Sincerely,

PAMELA A.M. CAMPBELL, P.A.



Pamela A.M. Campbell

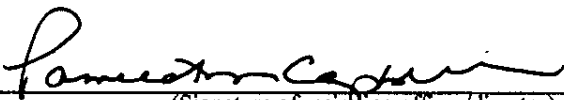
PAMC/tmm  
Enclosures

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Pamela A.M. Campbell, hereby resign as Director  
(Title)

of Gulf Coast Executive Women in Health Care, Inc.  
(Name of Corporation)

N93000004434, 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**

**FILED**  
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**SECRETARY OF STATE**  
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**Make checks payable to Florida Department of State and mail to:**

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