

PO0000025716

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MANAGED CARE CLAIM SERVICES  
(Name of Corporation)

DOCUMENT NUMBER: ~~XXXX~~ P00000025716

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

Please return all correspondence concerning this matter to the following:

JON OLEPHANT  
(Name of Person)

MANAGE CARE CLAIMS SERVICES  
(Name of Firm/Company)

10081 PINES BOULEVARD  
(Address)

PEMBROKE PINES, FL, 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

JON OLEPHANT at ( 954 ) 394 2642  
(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**

02 NOV 27 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JON OLIPHANT, hereby resign as I.T. DIRECTOR  
(Title)

of MANAGED CARE CLAIM SERVICES,  
(Name of Corporation)

9000000 26716, 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