P00000047851

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Det Pleseyr News 6-3-10

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Comprehensive Medi	cal Management, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P0000	00047851
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing
Please return all correspondence conc	eerning this matter to the following:
Cheryl McGough	
(Name of Person	n)
Comprehensive Medical Manage	ement, Inc.
(Name of Firm/Com	pany)
403 Camellia Ave.	
(Address)	
Titusville, FL 32796	
(City/State and Zip	Code)
For further information concerning th	nis matter, please call:
Cheryl McGough	at (321) 480-7553 (Area Code & Daytime Telephone Number)
(Name of Person)	(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



THOMAS J. HERBERT

11 Riverside Dr., Ste. 210 Cocoa, Florida 32922-8209

May 26, 2010

VIA PRIORITY MAIL

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

Re: Comprehensive Medical Management, Inc.

Dear Representative:

Enclosed please find 1) a Statement of Change of Registered Agent for Corporations, and 2) an Officer/Director Resignation for a Corporation, as well as the cover letters and separate checks for the associated filing fees. Please reflect the resignation of Diana Hermanson from all positions with the above-referenced corporation and the appointment of Cheryl McGough as the new Registered Agent for same.

Please contact me at your earliest convenience should I be able to answer questions or otherwise provide any assistance. Thank you for your attention.

Sincerely,

Thomas J. Herbert

Thomas J. Kellet

TJH/mh

Enclosures: (As stated)

Cc: CMM, Inc.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Diana M. Hermanson (f/k/a Lyer	ly) , hereby resign as_	Vice President & Director
of Comprehensive Medical Manag	gement, Inc. f Corporation)	(Title)
P0000047851 (Document Number, if known)	, a corporation organized un	der the laws of the State of
Florida		
(Si	ghature of resigning officer/direct	TALLAHASSEE, FLO

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