

P00000051456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

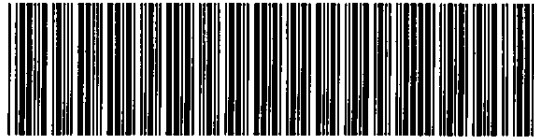
(Business Entity Name)

(Document Number)

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07 MAY - 9 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

*Resepi*  
C. G. G. MAY 16 2007

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Physicians Health Care Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P00000051456

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

Please return all correspondence concerning this matter to the following:

Paul Elliott  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

25 W. Highpoint Road  
(Address)

Stuart, FL 34996  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Elliott at ( 772 ) 285-7310  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Paul Elliott, hereby resign as President  
(Title)

of Physicians Health Care Inc.  
(Name of Corporation)

P00000051456, 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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