P00000076418

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (*** | 4.20.07 | |
| (Ac | ldress) | |
| | | |
| (Ac | idress) | |
| | | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| , (Ri | isiness Entity Nai | ne) |
| (50 | iomeoo zmity mai | no, |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificate: | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resign Crinminghy 12/6/107

COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: Momentum Healtho | eare, Inc. |
| | (Name of Corporation) |
| DOCUMENT NUMBER: P00 | 000076418 |
| The enclosed Officer/Director Resi | gnation for a Corporation and fee are submitted for filing |
| Please return all correspondence co | oncerning this matter to the following: |
| Linda Wiltshire | |
| (Name of Per | son) |
| Momentum Healthcare, Inc. | |
| (Name of Firm/Co | ompany) |
| PO Box 19425 | |
| (Address) | |
| Jacksonville, FL 32245 | |
| (City/State and Zi | p Code) |
| For further information concerning | this matter, please call: |
| Linda Wiltshire | at (904) 721-6700 (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 mad | le 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 |

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Rick H. Robinson | , hereby resign as Director | | |
|---|---|---------------------------------------|--|
| -, | , | (Title) | |
| of Momentum Healthcare, Inc. | | , | |
| (Nan | ne of Corporation) | | |
| P0000076418 (Document Number, if known) | , a corporation organized under the laws of | the State of | |
| Florida | | | |
| | (Signature of resigning officer/director) | O7 DEC | |
| | -toignature of resigning officer/director) | -6 PM 3: 56 ARY OF STAIL SSEE, FLORID | |
| | 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